

27 March 2004

At
long
last



A real break from recurrent heartburn



GlaxoSmithKline
Consumer Healthcare

Zanprol for the relief of reflux-like symptoms (eg heartburn).

Further information is available from:

GlaxoSmithKline Consumer Healthcare,

Brentford, Middlesex TW8 9GS. Legal Status: P.

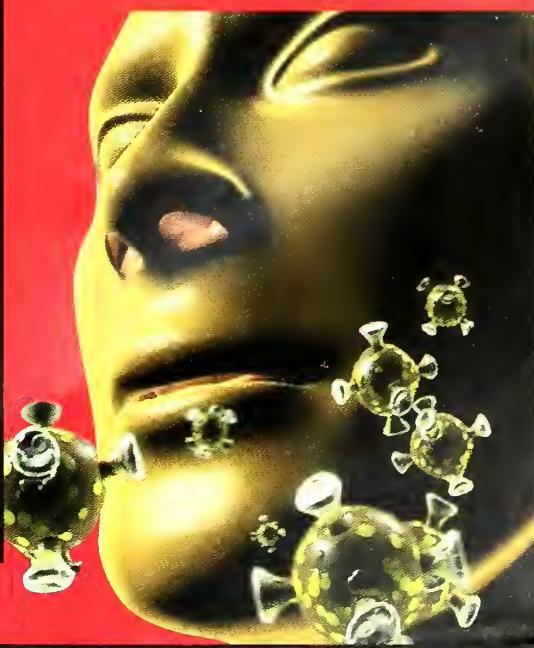
ZANPROL is a trade mark of the GlaxoSmithKline group of companies.

**Security needs
more funding,
DoH is warned**

**Wales confirms
second cut in
script charges**

**Generics win
court battle
over Seretide**

**Allergy: a new
approach to an
old complaint**



We're expecting blooming great sales again this year.



Zirtek was the fastest growing oral OTC Allergy relief brand during the hayfever season of 2003, outgrowing the market by almost double.¹

And remember, Zirtek has so much to offer your customers:

- ✓ Zirtek works faster than Clarityn® in hayfever²
- ✓ Zirtek is classified as non-drowsy^{3*}
- ✓ Zirtek can be taken with other medication as it has no known drug interactions
- ✓ Zirtek is not significantly metabolised in the liver - no dosage adjustment for customers with liver impairment
- ✓ Zirtek offers the convenience of both tablet and solution formats.

£1 million media campaign

www.zirtek.co.uk

ZIRTEK ALLERGY/ZIRTEK ALLERGY RELIEF

PRESENTATIONS: Film-coated tablets containing 10mg cetirizine hydrochloride.

USES: Treatment of seasonal and perennial rhinitis and chronic idiopathic urticaria.

DOSE AND ADMINISTRATION: Adults and children aged 6 years and over: 10mg daily. Children between 6 to 12 years of age: either 5mg (1/2 tablet) twice daily or 10mg once daily. In renal insufficiency halve the dose to 5 mg (1/2 tablet) daily. Zirtek Allergy Relief: Adults and Children aged 12 years and over: 10mg once daily.

CONTRAINDICATIONS: Hypersensitivity to the constituents. Avoid use in pregnancy and lactation.

INTERACTIONS: To date there are no known interactions. As with other antihistamines avoid excessive alcohol consumption.

SIDE EFFECTS: Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort. Convulsions have very rarely been reported.

PACKAGING/PRICE: Zirtek Allergy Pack of 21 tablets = £8.95 R.R.P. Pack of 3D tablets = £14.95 R.R.P Zirtek Allergy Relief: Pack of 7 tablets = £4.45 R.R.P.

LEGAL CATEGORY: Zirtek Allergy: P Zirtek Allergy Relief: GSL.

MARKETING AUTHORISATION NUMBER: PL 08972/0032

MARKETED BY: UCB Pharma Limited, Watford, Herts, WD18 0UH.

For further information please contact: UCB Pharma Limited, UCB House, 3 George Street, Watford, Herts, WD18 0UH. Telephone (01923) 211811. Facsimile (01923) 229002. Email: medicaluk@ucbgroup.com.

ref 1: IMS Pharmatrend week 22 to 30 2002 vs week 22 to 30 2003

ref 2: Day JH et al. J Allergy Clin Immunol 1998, 101: 638-45.

ref 3: BNF and MIMS 2003

* Zirtek Allergy, at the recommended dose, does not cause drowsiness in the majority of people. However rare cases of drowsiness have been reported.

ZIRTEK ALLERGY SOLUTION

PRESENTATIONS: Banana flavoured sugar-free solution containing 1mg/ml cetirizine hydrochloride

USES: Treatment of seasonal allergic rhinitis in children aged 2 years and over, and perennial allergic rhinitis and chronic idiopathic urticaria in children aged 6 years and over.

DOSE AND ADMINISTRATION: Adults and children aged 12 years and over: Two 5ml spoonfuls once daily. Children aged 6 to 11 years of age: Two 5ml spoonfuls once daily or one 5ml twice daily. Children between 2 to 5 years of age: One 5ml spoonful once daily or one 2.5ml spoonful twice daily.

CONTRAINDICATIONS: Hypersensitivity to the constituents. Avoid use in pregnancy and lactation.

INTERACTIONS: To date there are no known interactions. As with other antihistamines avoid excessive alcohol consumption.

SIDE EFFECTS: Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort. Convulsions have very rarely been reported.

PACKAGING/PRICE: 200ml Solution = £18.95 R.R.P. 75ml Solution = £7.95 R.R.P.

LEGAL CATEGORY: P

MARKETING AUTHORISATION NUMBER: PL 08972/0033

MARKETED BY: UCB Pharma Limited, Watford, Herts, WD18 0UH.

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Training move is welcomed...

Pharmacy organisations have welcomed the DoH's offer of conflict resolution training for pharmacists but say the new pharmacy contract should finance further measures.

The funding of security devices such as digital CCTV and alarm systems under the new contract are among the issues highlighted by the NPA, the Company Chemists' Association, North East London LPC and the Association of Independent Multiples in response to the DoH's conflict resolution offer for community pharmacists (*C&D, March 13, p5* & *March 20, p4*). They also wanted to know if pharmacists could refuse to

RPSGB president Gill Hawksworth has added her support to *C&D's* campaign to 'Stop Violence in Pharmacies'. She said: "As a community pharmacist for many years I have first hand experience of the security problems prevalent in local pharmacies. I welcome *C&D's* campaign to highlight this important issue and the need for better security and safety systems to be made available to community pharmacy. I also welcome the support of the Government and the practical measures introduced by the minister to help pharmacies become safer places for people to visit and work in."

dispense prescriptions for violent patients.

NPA chief executive John D'Arcy called for recognition of security issues under the new contract and for the DoH to dedicate sufficient resources to address this. He said pharmacists should get the same level of support as other professions.

CCA operations manager Mike Keen said that funding of pharmacy security measures "may be linked to acceptance by the DoH that community pharmacy services provided to the public are primarily NHS and NHS-related and that community pharmacy is an integral part of delivery of primary care". He added: "That does link this issue to the new contract."

NEL LPC secretary Hemant Patel called for conflict resolution training to be mandatory and free of cost. He wanted support for traumatised staff "to ensure a good quality of life free from fear and an early return to work of well trained staff", adding that "there should be a linked programme with local authorities, PCTs and police actively engaged in regularly reviewing security".

Peter Cattee, representing the association for medium sized pharmacy multiples, AIMp, welcomed the training and said "there is a need for the new contract to acknowledge that the majority of violence in pharmacies is prescription drug related, and for the cost of this to



John D'Arcy, NPA chief executive

be borne accordingly." He called for funding for a national security stratagem and robust incident monitoring.

Mr D'Arcy said that not every pharmacy faced the same level of risk and called for a baseline assessment to identify high-risk areas, and suggested a central register to record incidents.

On the issue of refusing to dispense to violent patients, Mr Keen said: "Community pharmacists would appreciate clearer support within their terms of service to refuse to dispense a prescription where pharmacists and their staffs' safety may be compromised. This is the province of the Department and PSNC and will involve Counter Fraud Services too."

Mr Patel suggested a warning before treatment is refused for up to three months. "This should be enough to teach a lesson. Life-time bans result in lasting resentment."



PRACTICE

NHS security will not commit on safe scheme

The NHS security division has confirmed that the NHS is not currently considering adopting the Northern Ireland time-delay safes scheme to protect pharmacy staff.

An NHS Security Management Service spokesman said: "One of the specific areas of NHS SMS work is the security of drugs and prescriptions throughout the NHS. Although there are no current commitments to introduce such a scheme in England, we will be looking at all available options."

Meanwhile, any security provisions proposed by the Welsh Assembly need to be flexible and not rely on one measure alone, a spokesman for CPW has said.

CPW vice-chairman Peter Jones said it was important that any support from the Welsh Assembly should not just be conflict resolution training as there may be better solutions to the problem.

CCTV may be an option, he added, and negotiations would be about the totality of the package. Mr Jones said that CPW would raise its concerns with the Welsh health minister Jane Hutt.

PRACTICE

Violence is on contract agenda, says PSNC

PSNC has factored the issue of violence against community pharmacists and their staff into its contract talks with the DoH.

"The security measures already deployed by pharmacy contractors are included in our detailed work to quantify the cost base for the service provided, and hence the level of remuneration under the new contract," PSNC chief executive Sue Sharpe said.

"We are currently examining

how to quantify the costs attached to additional measures that may need to be taken to reduce further the risk of exposure to violence," she added.

Highlighting health minister Rosie Winterton's pledge "to make pharmacies a safer place to work" (*C&D, March 20, p16*), Mrs Sharpe said: "That is exactly what we want to see and we hope this shared view will be reflected in the negotiations between us."

... but conflict resolution doesn't always help

Conflict resolution training doesn't work on certain individuals and there is no research to prove it works, a psychologist has said.

Drug misusers and those with mental health problems do not respond to conflict resolution training in a predictable way as their anger can escalate rapidly, Chris Nickolls, a chartered psychologist, said.

The training is designed to de-

escalate anger, but there can be a problem with those who lack rationality, he added. In this light, it would be "ill-advised to abandon physical measures such as CCTV", but conflict resolution training is a useful adjunct to other security systems, he warned.

People who have had conflict resolution training are better placed to deal with potentially violent situations, but refresher courses are important, he said.



NICE epilepsy guidelines cautiously welcomed

Guidelines on newer epilepsy drug use from the Government's clinical review body have been cautiously welcomed by a national charity.

Newer epilepsy drugs should be used in patients who cannot tolerate older treatments and for women taking oral contraceptives or of child-bearing potential, recommended the National Institute for Clinical Excellence.

A spokeswoman for Epilepsy Action welcomed the guidelines, but said they only reflect current best practice. "The real test will be in GPs' and specialists' implementation of the guidelines and how this is monitored and best practice is encouraged."

For more information:

www.nice.org.uk

Health poll

The Men's Health Forum website is relaunching to celebrate its 10th anniversary. On the site is a survey for healthcare professionals to tell MHF what aspects of men's health are most worrying and what Government needs to do.

For more information:

www.menshealthforum.org.uk

Wales announces second cut in script charges

A second cut in Welsh prescription charges has been announced against a background of fears that the total bill may prove too steep for the National Assembly and that the money would be better spent elsewhere.

From April 2005 the prescription charge, currently frozen at £6, will experience its second £1 cut, following a reduction to £5 in October 2004.

The Labour-run administration has pledged to abolish the charge by the May 2007 election, but First Minister Rhodri Morgan failed to quickly contradict a Liberal Democrat suggestion that the full cost could reach £60 million; in fact, the Assembly continues to believe that the cost

is £31m, including repressed demand of 30 per cent.

Finance minister Sue Essex said the cost of the 2005 reduction would amount to £11m, using "unallocated reserves", said to amount to £880m.

The fear that the Assembly could eventually run short of cash arose because Cardiff cannot raise its own taxes, but must rely almost entirely on its formula-set block grant from the Treasury – and Ms Essex praised Chancellor Gordon Brown for having been "benevolent towards Wales".

Ms Essex said the policy was justified because "people who are ill are avoiding seeing their doctors due to the expense of prescriptions". But Tory leader

Nick Bourne said the policy was a "gimmick", as only 20 per cent of scripts are paid for. "This policy subsidises people who can afford to pay," he added. The money could be better spent on issues such as reducing Wales's poor waiting lists.

● Scotland has ruled out the abolition of NHS prescription charges. Health minister Malcolm Chisholm confirmed last week that the Scottish Executive was committed to reviewing prescription charges for people with chronic health conditions and young people in full-time education or training but he added: "We have no plans to remove NHS prescription charges in Scotland."

Little pink guide

This week's issue features the second in a series of training guides for pharmacy assistants.

Over The Counter has teamed up with 41 lead manufacturer Diomed to create a series of guides on common conditions. This week's module discusses common headaches and how to help customers recognise causes and treat the symptoms.

The guide also features a competition with a closing date of April 16. Additional copies are available from Dendron representatives.

NPA launches training pack on care staff

by Gary Paragpuri

gparagpuri@cmpininformation.com

The NPA has launched a training pack for pharmacists to educate care staff on the administration of medicines.

Medicines in Care Homes contains guidance for pharmacists on running interactive training sessions and individual workbooks for care staff attending the sessions, which cover: introduction to medicines and their use; assisting with the administration of medicines; monitoring and supporting

medicines use; and medicines and the elderly (optional).

The pack meets the training requirements of the national minimum standards set by the National Care Standards Commission, Care Standards Inspectorate for Wales, and the Scottish Commission for the Regulation of Social Care. It also reflects the RPSGB guidelines on administration and control of medicines in care homes and children's services.

Priced at £49.95, the pack is available from the NPA's sales department

(tel: 01727 858687 ext 3469).

The College of Pharmacy Practice is to accredit training for care home staff.

Chief executive Ian Simpson said that after discussions with the National Care Standards Commission, the CPP would shortly be launching an accreditation scheme.

"There is a great opportunity here for pharmacists to provide training for care home staff and we will be happy to consider accrediting course material for providers operating at both national and local levels," he said.

Premises retention fee agreed

The DoH has agreed a one-off payment of £19 for March 2004 for those pharmacy contractors who do not receive payment under either the Essential Small Pharmacies Scheme or Payment for Additional Professional Services. The money will appear on contractors' March prescriptions payment schedule, paid June 1, under the heading 'other adjustments'.

For more information:
www.psnc.org.uk

Guidance is gluten-free

An expert group has produced a free guidance booklet for health professionals involved in the provision of gluten-free foods on prescription.

Entitled *Gluten-Free Foods: a Prescribing Guide*, the document outlines the need for a balanced and varied diet for people with coeliac disease to minimise long-term complications such as osteoporosis and infertility.

In addition, the guidance includes the minimum monthly prescription requirements for various patient groups.

PSNC's head of NHS services Alastair Buxton was a member of

the expert panel that developed the guidance. He said:

"Pharmacists have a key role in encouraging people with coeliac disease to comply with their gluten-free diet and this will be a useful tool."

The remaining expert panel members were gastroenterologists, GPs and dieticians. The guide has been approved by Coeliac UK and the British Dietetic Association.

For free copies of the guidance:
Good Relations Healthcare
Tel: 01932 350006
E-mail: amorris@grhealthcare.co.uk

MEDICINES

Omeprazole advice latest

Omeprazole should be considered a first-line therapy for adult heartburn sufferers who experience intermittent and relapsing symptoms, the Royal Pharmaceutical Society has said.

In addition, patients should be advised that the drug may not be suitable for patients requiring rapid symptomatic relief as maximum effect may be reached after three to four days of treatment. The Society issued this practice guidance following omeprazole's switch from prescription-only to Pharmacy medicine status (see *C&D*, March 13, p34).

Other points covered include patients requiring GP referrals, diagnosing heartburn, dosage, drug interactions and patients for whom omeprazole should be used with caution.

For more information:
www.rpsgb.org/pdfs/otcomeprazoleguid.pdf

PRACTICE

SOS group proposes candidates

The Save our Society campaign has proposed seven candidates for this year's election to the Royal Pharmaceutical Society's Council.

Hassan Argomandkhah, Shiv Bagga, Sultan Dajani, Davan Eustace, Maurice Hickey, John Jolley and Graham Phillips have all pledged that if elected they will "aim to give members a proper democratic say on any Charter petition".

The RPSGB will announce the full list of candidates after they have been approved at next week's Council meeting.

PRACTICE

Poster set

The Parkinson's Disease Society has launched a set of posters for next month's Parkinson's Awareness Week. They highlight areas of the charity's work, such as research and fund-raising, and are available free to pharmacists.

For more information:
Tel: 020 7963 9370

Question time

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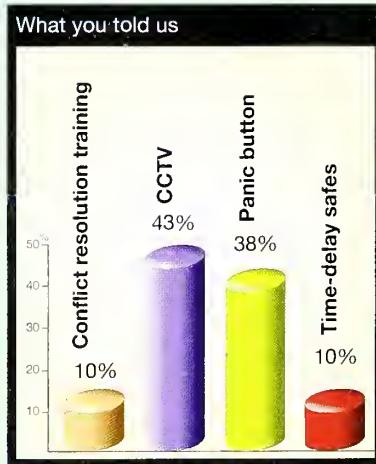


Last week we asked you: "If the Government is to spend money on improving security in pharmacies, where would the money be best spent?" You replied (see right):

This week's question: Wales is abolishing the prescription charge. How should the system be changed in the rest of the UK?

- Extend the number of exempt categories
- Reduce the levy but make everyone pay
- Pay a proportion of the drug cost
- Abolish the charge
- Keep the current system

You can record your vote on our website: www.dotpharmacy.com. You have until noon on March 30 to cast your vote. We will publish the results in *C&D*, April 3.



4head and shoulders above the rest



Winner of Most Innovative New Product at the OTC Marketing Awards 2004

4head's success at the OTC Marketing Awards just goes to show that 'natural headache relief without pills' is as popular within the industry as it is with customers.

- Best OTC Pharmacy Press Advertising - Winner
- OTC Launch of the Year - Highly commended
- Best New OTC Packaging Design - Highly commended

4head Trademark and Product Licence held by Biomed Developments Limited, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. **indications:** For the relief of headaches. **Directions:** For adults, children and the elderly. Apply by gently wiping the surface of the stick across the forehead. Use as required. As with any medicine, avoid excessive use. **Contraindications:** Not recommended for patients where there is a known hypersensitivity to menthol. **Precautions:** For single patient use only. For external topical application only. **Side effects:** May give rise to sensitivity reactions including contact dermatitis. **Legal category:** GSL. **Packs:** 3.6g, £5.95 (£5.06 exc. VAT). PL 0173/0193.

GSK loses third court case in as many weeks

by Sasa Jankovic

sjankovic@cmpinformation.com

GlaxoSmithKline has lost a High Court patent case on its Seretide salmeterol and fluticasone combination inhaler.

Generics companies Cipla, Neolab, Generics UK, IVAX and Arrow Generics brought the case, claiming the patent on GSK's biggest product was invalid simply because combining the two products in a single inhaler was not inventive but merely obvious. Mr Justice Pumfrey decided the claim of obviousness was "overwhelmingly strong".

Mr Justice Pumfrey also raised concerns as to how Dr Garth Rapeport, GSK's senior vice-

president, Centre of Excellence for Drug Discovery, Respiratory and Inflammatory Diseases, telephoned one of the expert witnesses retained by the claimants to inform him that "he could no longer expect GSK to be friends with him".

Such was the judge's concern regarding Dr Rapeport's conduct that he considered referring the matter to the Attorney-General.

The existing patent on Seretide in the UK (sold as Advair in the USA) expires in 2013 but if this new judgement is upheld, generic versions could be available in the UK as early as next October. UK sales of Seretide account for

6 per cent of its global £2.2 billion market.

This is the third court defeat for GSK this month. On March 5 the Court of Appeal ruled in favour of parallel importers Dowelhurst and Swingward in a trade mark infringement action concerning the manner in which they repackaged imported pharmaceutical products.

On March 15 the Court of Appeal found against GSK in a case relating to the importation of AIDS products into the UK.

GSK is considering whether to appeal against this latest judgement.

For more information:
www.gsk.com

Study claims PIs damage economy in the UK

The shipment of bona fide pharmaceutical drugs into Britain from Europe may cost UK pharma more than £770 million a year, according to a new study.

The research, led by Dr Stefan Szymanski of Imperial College London, investigated the impact of parallel trade on the welfare of consumers, purchasers and producers in the UK.

"On the one hand, the parallel traders view themselves as benign agents promoting competition in markets," said Dr Szymanski.

"By contrast, pharmaceutical manufacturers view the activities of parallel traders as undermining pharmaceutical company profits and thus investment in research and development."

Researchers calculate a gain of

up to £480m for the UK economy from parallel trade, assuming all parallel trade profits remain in the UK, against a £770m loss to UK manufacturers. The net loss is estimated at £290m.

"We conclude that overall parallel trade has a negative impact on the UK economy, although purchasers may currently enjoy short-term benefits," he says.

"A neutral approach would be to clawback only on the basis of parallel trade discounts actually obtained, which would leave the pharmacists indifferent between purchasing from parallel traders and the recognised distributor of the pharmaceutical companies."

For more information:
s.szymanski@imperial.ac.uk



Buchan steps down from SSL

Brian Buchan is stepping down as chief executive of SSL International on April 1 after three years in the post.

Garry Watts, currently managing director of the group's European operations and group finance director, will take over from him.

Ian Martin, chairman, said: "On behalf of the board, I would like to pay tribute to Brian Buchan for his selfless contribution to the company through an extremely difficult period.

"He will leave SSL in a far better position than when he

joined it and we wish him well in the future.

"I am delighted that Garry Watts has agreed to become chief executive. Our restructuring programme remains on track."

Mr Watts is also chairman of SSL's joint venture in India and sits on the board of the MHRA.

PRESCRIBING INFORMATION

Amlodipine 5 mg Tablets/Amlodipine 10 mg Tablets Please refer to the full Summary Product Characteristics for further information before prescribing. **Presentation:** Tablets containing 5 mg or 10 mg of amlodipine per tablet. **Use:** (1) Essential hypertension; (2) Chronic stable angina pectoris. **Dosage and Administration:** Oral administration. Take with glass of water independently from meals. **Adult:** For hypertension and angina pectoris, 5 mg on daily. If the desired therapeutic effect cannot be achieved within 2-4 weeks this dose may be increased to a maximum dose of 10 mg daily (as single dose). Amlodipine may be used either as monotherapy or in combination with other antihypertensive drugs in patients with hypertension. **Children:** Not recommended. **Renal Impairment:** Amlodipine can be used in the normal dose. **Hepatic Impairment:** Administer with caution. **Elderly:** Normal dosage regimens recommended but increase dosage with care. **Contraindications:** Severe hypotension; shock including cardiogenic shock; hypersensitivity to dihydropyridine derivatives, amlodipine or any of the excipients; heart failure after acute myocardial infarction (during the first 28 days of obstruction of the outflow-tract of the left ventricle (e.g. high grade aortic stenosis); unstable angina pectoris. **Special warnings and precautions for use:** Amlodipine should be administered with caution to patients with low cardiac reserve. There are no data to support the use of Amlodipine Tablets alone, during or within one month of myocardial infarction. The safe and efficacy of Amlodipine Tablets in hypertension crisis is not established. In cardiac failure treat with caution. Amlodipine's half-life is prolonged in patients with impaired liver function. Amlodipine should be administered with caution in these patients. In the elderly, increase of the dosage should take place with care. Amlodipine should not be given to children due to insufficient clinical experience. **Interaction with other medicinal products and other forms of interaction:** CYP3A4 inhibitors & inducers: Diltiazem has been shown to increase amlodipine plasma concentration (with increased effect) in elderly patients. No information is available on the effect of CYP3A4 inducers but co-administration may lead to reduced plasma levels of amlodipine. In clinic interaction studies grapefruit juice, cimetidine, aluminium/magnesium (antacid) and sildenafil did not affect the pharmacokinetics of amlodipine. **Effects of amlodipine on other medicinal products:** Amlodipine may potentiate the effect of other antihypertensive beta-adrenergic receptor blocking agents, ACE-inhibitors, alpha-1-blockers and diuretics. In patients with an increased risk (for example after myocardial infarction) the combination of a calcium channel blocker with a beta-adrenoceptor blocking agent may lead to heart failure, to hypotension and to a (new) myocardial infarction. **Pregnancy and lactation:** Amlodipine should not be used during pregnancy unless clearly necessary. It is advised to stop breastfeeding during treatment with amlodipine. **Undesirable effects:** Very common: Ankle swelling; Common: Headache, dizziness, fatigue, asthenia, palpitations, dyspnoea, abdominal pain, nausea, flushing with heat sensation. **Uncommon:** Gynaecomastia, sleep disorders, irritability, depression, paraesthesia, malaise, tremor, dry mouth, profuse perspiration, visual disturbances, tinnitus, syncope, tachycardia, chest pain, hypotension, vasculitis, coughing, vomiting, diarrhoea, constipation, gingival hyperplasia, exanthema, pruritus, urticaria, alopecia, skin discolouration, muscle cramps, back pain, myalgia, arthralgia, increased micturition frequency, impotence, increase or decrease of body weight. **Rare:** Confusion, mood changes (including anxiety), elevated liver enzymes, jaundice, hepatitis. Very rare: Thrombocytopenia, leukocytopenia, hyperglycemia, peripheral neuropathy, gastritis, pancreatitis, angioedema, allergic reactions. At the beginning of treatment headache and facial flushing with heat sensation, aggravation of angina pectoris may happen. Isolated cases of myocardial infarction, arrhythmias (including extrasystole, ventricular tachycardia, bradycardia and atrial arrhythmias) and chest pain have been reported in patients with coronary artery disease, but a clear association with amlodipine has not been established. Isolated cases of allergic reactions including pruritus, rash, angioedema and erythema exudativum multiforme, exfoliative dermatitis, Stevens-Johnson syndrome and Quincke's oedema have been reported. **Marketing Authorisation Number and basic NHS price:** Amlodipine 5 mg and 10 mg Tablets PL's 00530/0736 - 0737, blister packs of 28 tablets; 5 mg (£13.04), 10 mg (£19.47). **Marketing Authorisation Holder:** Norton Healthcare Ltd. (trading as IVAX Pharmaceuticals UK Ltd.), Royal Docks, London, E16 2OJ, UK. **Legal Category:** POM. **Date of Preparation:** February 2004.

first with

Amlodipine

*Available now from IVAX first,
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for instant price benefits.*

NEW!

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strengths in our highly acclaimed
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terminal, or call 0800 697311 for new
product availability second to none.*

At long last

By Dr John Blenkinsopp MB ChB BPharm MRPharmS Principal Research Fellow, School of Pharmacy, University of Bradford

Heartburn is remarkably common, affecting up to 40% of adults¹ and accounting for one in 20 GP consultations². However, the spectrum of the condition is extremely broad – for some people, heartburn is an infrequent annoyance whereas for others the condition causes chronic recurrent pain, which impinges on aspects of their life. Daily heartburn may affect as many as 10% of the population³.

What is Heartburn?

Heartburn is best described as a “burning feeling rising from the stomach or lower chest up towards the neck”⁴ and is often accompanied by regurgitation. The characteristic pain of heartburn is caused by gastro-oesophageal reflux.

Symptoms of heartburn

Primary

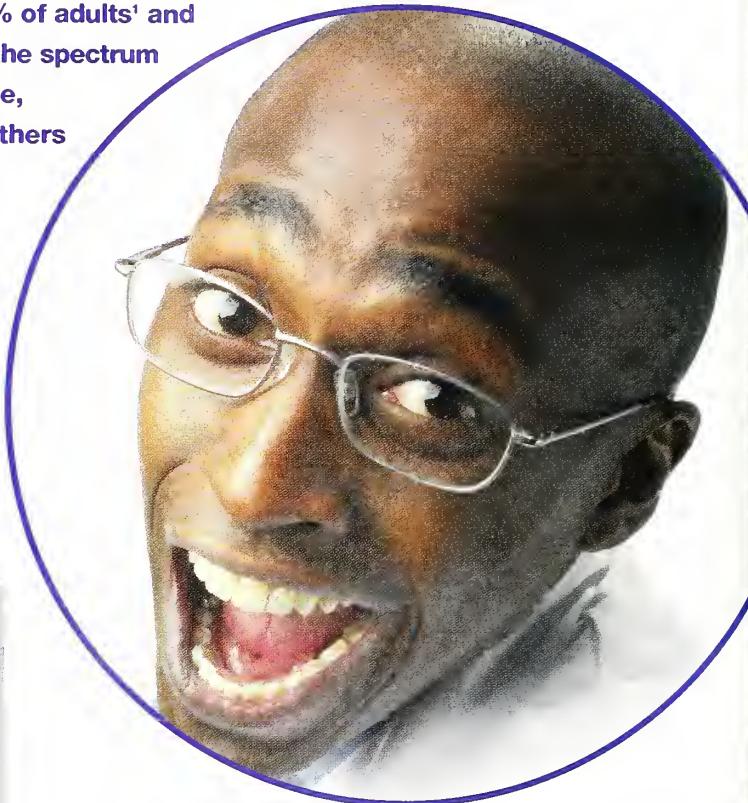
- Burning sensation in the chest behind the sternum
- Regurgitation or bitter taste at the back of the mouth or throat

Other

- Waterbrash (excessive salivation)
- Belching

Recurrent heartburn and quality of life

Heartburn episodes that occur recurrently (for example 2-3 times a week or more) can undermine quality of life. The pain and discomfort caused by recurrent heartburn can cause interruptions in sleep, irritability affecting relationships at work and home, reduced work productivity and interruption of social and recreational activities⁵. Left untreated, recurrent heartburn can have a greater negative impact on patients' emotional well-being than hypertension, compensated congestive heart failure, menopause, or angina⁶.



Lifestyle modifications

- Reducing weight
- Propping up the bedhead
- Avoiding provoking factors such as:
 - bending down or wearing tight clothing
 - alcohol
 - coffee
 - smoking
 - fatty foods
 - aspirin and other NSAIDs.

Treatment options

There are now four main over-the-counter (OTC) treatment groups for heartburn:

- Proton pump inhibitors (omeprazole)
- H₂ receptor antagonists (ranitidine/famotidine)
- Alginates
- Antacids

OTC omeprazole

It is reasonable to adopt a tailored approach to heartburn treatment, offering customers the most appropriate treatment according to the individual nature, severity and frequency of their symptoms (see pharmacy heartburn treatment algorithm, below).

Pharmacy heartburn treatment algorithm

What are the symptoms?

Burning sensation in chest area and back of throat often accompanied by regurgitation or bitter taste at back of throat or mouth

Medicines being taken?

- For treatment of heartburn
- Others – check possible causal agents e.g. NSAIDS, aspirin

Pattern of symptoms?

Discrete attack

Antacids/Alginates/H₂ antagonists

Recurrent attacks

Omeprazole

For patients with recurrent heartburn, a short course of Zanprol (omeprazole) would be appropriate as a first line recommendation, offering not only effective symptom relief, but also a possible period of remission. This will be seen as a major advantage by some sufferers. The starting dose of Zanprol is two 10 mg tablets (20 mg) once daily until symptoms improve which may take 3-4 days. The dose can then be reduced to one 10 mg tablet once daily, returning



omeprazole

to two tablets if symptoms return. The lowest effective dose should always be used. If no symptom relief is obtained within 2 weeks or continuous treatment for more than 4 weeks, is required to control symptoms, refer the patient to their GP.

Acid suppression starts within 1-2 hours of the first

dose and symptom relief is not instant, it builds to a maximum after 3-4 days. The patient therefore, may also need an occasional dose of simple antacid to manage any initial symptoms.

The launch of Zanprol is a breakthrough in the management of heartburn and a significant step forward for both heartburn sufferers and pharmacy. Pharmacists will be able to offer sufferers of recurrent heartburn easier access to effective treatments and help ease the burden on GP surgeries. This move should help put pharmacists at the heart of heartburn management.

Product Information. **Presentation:** Each Zanprol 10 mg Tablet contains 10 mg of omeprazole. **Uses:** Relief of reflux-like symptoms (eg heartburn). **Dosage:** Adults over 18 years only – 20 mg once daily before a meal. May be reduced to 10 mg daily, returning to 20 mg if symptoms return. Use lowest effective dose.

Contraindications: Hypersensitivity, pregnancy/lactation.

Precautions: Refer to doctor if no relief within 2 weeks, continuous use for 4 or more weeks to control symptoms, aged over 45 with new or recently changed symptoms, unintentional weight loss, anaemia, gastrointestinal bleeding, difficult or painful swallowing, persistent vomiting or vomiting with blood, epigastric mass, previous gastric ulcer or surgery, jaundice, any other significant medical condition (including hepatic or renal impairment), or pre-endoscopy. **Interactions:** Diazepam, phenytoin, warfarin, ketoconazole, itraconazole, cilostazol, voriconazole, digoxin, tacrolimus, ¹³C-urea breath test. **Side effects:** Skin rash, urticaria, pruritus, photosensitivity, bullous eruption, erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis, alopecia and increased sweating.

Arthritic and myalgic symptoms, bronchospasm, diarrhoea, constipation, abdominal pain, nausea/vomiting, flatulence, dry mouth, stomatitis and candidiasis. Increases in liver enzyme levels, encephalopathy in patients with pre-existing severe liver disease, hepatitis with or without jaundice and hepatic failure. Interstitial nephritis resulting in acute renal failure, gynaecomastia, impotence, headache, paraesthesia. Taste disturbances, mental confusion, agitation, depression, aggression, blurred vision, blood disorders, hyponatraemia, vertigo, anaphylactic shock and angioedema, dizziness, light-headedness, feeling faint, somnolence, insomnia, peripheral oedema, malaise and fever. **Legal Status:** P. **Retail Selling Price:** 14 Tablets £9.49. **Product Licence Number:** PL 14017/0069. **Licence Holder:** Dexcel-Pharma Ltd, 1 Cottesbrooke Park, Heartlands Business Park, Daventry, Northamptonshire, NN11 5YL. **Date of Preparation:** November 2003. **References:** 1. Spechler SJ. *Digestion* 1992; **51**(Suppl 1): 24-29. 2. Johnston. O J Med 2000; **93**: 321-322. 3. Modlin I et al. *Schneidzter-Verlag GmbH Konstanz*, 1998. 4. Dent J et al. *Gut* 1999; **44**(Suppl 2): S1-16. 5. Madisch A et al. *Gastroenterol* 2003; **41**: 1137-1143. 6. Dimenais E. *Scand J Gastroenterol Suppl* 1993; **199**: 18-21.

ZANPROL is a trade mark of the GlaxoSmithKline group of companies.

FINANCE

Budget boosts NHS spending

Chancellor Gordon Brown has made a number of tax changes in this year's Budget while promising to pump billions into secondary care services. (see feature on p20).

The vat threshold for small businesses has risen to £58,000 while medical research within the NHS will receive extra funds of up to £1.2 billion a year by 2008.

However, the British Retail Consortium called the Budget "bland". David Felwick, BRC chairman, said: "No one will be surprised that the Chancellor has delivered such a bland Budget. He has done nothing to help maintain consumer demand or to significantly reduce the raft of Government related business costs."

In contrast, The BioIndustry Association welcomed the Chancellor's focus on science and research.

"In particular we are delighted that the Budget explicitly recognises recommendations in the BIA-led Bioscience Innovation and Growth Team report to strengthen clinical research in the UK, and that funding has been earmarked to take this forward," said BIA chief executive Aisling Burnand.

INDUSTRY

Bayer

Bayer has announced the largest loss in its history, reporting a net loss of £0.9 billion after £1.7bn special charges for the full year 2003.

Sales increased by 5 per cent before currency translation and net debt reduced to below £4bn, but chairman Werner Wenning was not satisfied with Bayer's performance after net income of £0.7bn in 2002.

Sales in the Healthcare subgroup declined by 5.3 per cent to £6bn billion, yet expanded by 9.2 per cent when adjusted for portfolio and currency effects.

Mr Wenning said Bayer plans to spend £1.5bn on research and development this year.

our many years of experience."

He was also confident about the future, saying: "The demographic development, the fact that people want a long, healthy life and innovative medicines led to an exponential increase in the demand for medicines in the medium term. These are reliable growth drivers."

Based on the slight recovery in the second half of the year 2003, Celesio is expecting market growth to accelerate in 2004. For wholesale, the group anticipates growth in turnover to be in line with market growth. For retail, the management board is forecasting growth in turnover to be significantly higher than market growth.

For more information:
www.celesio.com



change their remaining non-compliant packaging sooner rather than later."

Seventeenth year in a row for Celesio profits surge

by Sasa Jankovic

s.jankovic@cmpinformation.com

European wholesaling group Celesio's profit for 2003 has exceeded the previous year's level for the 17th successive year, increasing by 13.7 per cent to £252 million for the period.

The group, represented by AAH in the UK, achieved a turnover of £12 billion for the 2003 financial year, 81 per cent of this achieved abroad. Despite claiming business development in the first half-year was characterised by a slowdown in market growth, this picked up in the second half-year.

Turnover for the wholesale division rose by 2.5 per cent to £11bn. Profit before tax in wholesale increased by 4.5 per

cent, adjusted for exchange rate effects, to £186m.

In retail, turnover reached £2bn, achieving a growth in local currency of 11.7 per cent which Celesio claims is significantly higher than the comparable market growth. The increased turnover and improved gross profit margin led in retail to a clear disproportionate profit growth of 38.7 per cent, adjusted for exchange rate effects to £67m.

Dr Fritz Oesterle, chairman and chief executive officer of Celesio, said: "Our good business development in a challenging market environment has shown once again that we are in a position to deal with state interventions in the right way due to our strong market position in 11 European countries and

AAH prepares IT and ordering systems to meet the rINNS deadline...

AAH Pharmaceuticals has revised its IT and ordering systems to meet the MHRA timetable for the EU deadline on standardised drug labelling.

"The switch to recommended International Non-Proprietary Names (rINNs) for substances still carrying British Approved Names (BANs) means AAH's customers are right on schedule," said Mandeep Mudhar, AAH's director of marketing.

Pharmacists are expected to adopt good practice guidelines and use the rINN on dispensary labels regardless of the name on the physical pack by April 30, with the new regime becoming mandatory on June 30.

"To ensure our customers

could comply with both dates in good time we completed updating our product file with effect from March 1, and system update discs incorporating the changes will be issued during the last week in April," said Dr Mudhar.

"Manufacturers have already changed most of their packaging to reflect the rINN, but have until December 1 to submit licence variations to the MHRA on remaining products. Unfortunately this mismatch in timing will cause some perplexity for pharmacy staff and patients but is beyond our control."

"We shall continue to lobby the manufacturers, urging them to

... but take care over change, says DoH

The Department of Health has asked all pharmacists to take care to minimise errors during the medicines' names changeover.

The letter from the chief pharmaceutical, medical and nursing officers outlines an action plan to complete the switch from British Approved Names to

recommended International Non-Proprietary Names by June 30. The main areas of risk during the transition period are stated as prescribing, dispensing or administering an incorrect medicine, and delays in taking correct medicines due to patient uncertainty.

Health professionals involved in prescribing and dispensing are asked to explain the changes to patients. Dual labelling of prescribed medication with the BAN and rINN is not generally encouraged, but may be appropriate in certain circumstances, says the letter.

Some things work faster



as a Duo*

New Canesten Duo combines the power of two fast thrush treatments in one: an oral capsule to resolve the infection and double strength cream for symptom relief. A fast response to thrush, in one convenient pack.



*Canesten Oral and Cream Duo works faster to relieve the symptoms of Thrush than Canesten Oral alone

Product Information for Canesten® Oral & Cream Duo. **Presentation:** Canesten® Oral Capsule contains 150mg fluconazole. Canesten® Thrush Cream contains clotrimazole 2% w/w

Indications: **Oral Capsule:** Treatment of candidal vaginitis, acute or recurrent. Also for treatment of partners with associated candidal balanitis. **Thrush Cream:** Treatment of candidal vulvitis. To be used as an adjunct to treatment of candidal vaginitis. Can also be used for treatment of the sexual partner's penis to prevent re-infection. **Dosage and Administration:** Adults (16 – 60 years). Swallow one capsule. Apply cream to vulva and surrounding area two or three times daily and rub in gently. Treatment should be continued until symptoms of the infection disappear. If after concomitant treatment of vaginitis, symptoms do not improve within seven days, the patient should consult a physician. For treatment of sexual partner's penis, cream should be applied two or three times daily for two weeks. **Contra-indications:** Hypersensitivity to fluconazole, clotrimazole, related azole compounds or any of the excipients, co-administration with terfenadine or cisapride; pregnancy, suspected pregnancy and breast feeding. **Warnings and Precautions:**

Adequate contraception necessary. A physician should be consulted if the patient or partner have had exposure to sexually transmitted disease, or if the patient has had more than two infections of thrush in the last six months, is experiencing thrush for the first time, has known hypersensitivity to imidazoles or other vaginal antifungal products, is taking any

medicine other than the Pill, has any disease or illness affecting the liver or kidneys or has had unexplained jaundice; suffers from any other chronic disease or illness; is uncertain of the cause of symptoms. Or if the patient has any of the following symptoms: abnormal or irregular vaginal bleeding or a blood-stained discharge; vulval or vaginal sores, ulcers or blisters; lower abdominal pain or dysuria, any adverse events such as redness, irritation or swelling associated with the treatment; fever or chills; nausea or vomiting; diarrhoea, foul smelling vaginal discharge. In men, medical advice should be sought if sexual partner does not have thrush; they have penile sores, ulcers or blisters, there is abnormal penile discharge, penis has started to smell, dysuria. Patients should consult their doctor if symptoms have not been relieved within one week. The cream may damage latex contraceptives so patients should be advised to use alternative precautions for at least five days. **Side-effects:** Nausea, abdominal pain, diarrhoea and flatulence. Rarely, rash, headache, hepatotoxicity and anaphylaxis. Cream may cause local mild burning or irritation immediately after use and hypersensitivity reactions. **Cost:** £12.50. **MA Number:** PL 00010/0282 & PL 00010/0077. **MA Holder:** Bayer plc, Consumer Care Division, Newbury, Berks RG14 1JA. **Legal Category:** P **Date of Preparation:** February 2004

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London company disqualified by RPSGB

A London company convicted of unlawfully selling medicines was disqualified from holding retail pharmacies last week.

Felix Kuforiji, pharmacist and former director of Mount Shilo Trading UK Limited of Kensal Green, was struck off the Register in December 2001 for methadone-related offences but when RPSGB inspectors visited five months later to make sure the pharmacy was not still operating since his erasure, Mr Kuforiji sold Solpadeine tablets to an inspector.

He pleaded guilty at West London Magistrates Court last year to one count of unlawfully permitting the sale of Solpadeine and six counts of unlawfully, by neglect, permitting the company to supply in certain circumstances corresponding to retail sales, medicinal products including temazepam and diazepam.

Entering guilty pleas on behalf of the company, he was also fined a total of £700 and ordered to pay £150 costs, while the company was fined £7,000 and £3,300 costs.

The Statutory Committee accused the company of misconduct in relation to the convictions and subsequent conduct of the former director who lied to inspectors.

Geoffrey Hudson for the Society said that, between March 19 and April 20, 2002, at least 80 prescriptions were dispensed by a person other than a pharmacist and without supervision from a pharmacist but "the true figure could be as many as 300 prescriptions".

He said: "The Committee is invited to disqualify the company. The allegations are concerned with the activities of the company and its director."

Mr Hudson said there was further unlawful trading after the Society inspectors visited. "The Society has evidence that the pharmacy was open to business until April 29, 2002."

Mr Kuforiji lied to inspectors, naming two people he said were pharmacists and had been on duty but their names do not feature on

the Register. He then tried to persuade a pharmacist to say he had been working but the pharmacist later told inspectors the truth.

At the time of the allegations Mr Kuforiji claimed the pharmacy was not operating as it was relocating but Mr Hudson said the company was open without a supervising pharmacist.

In mitigation, Mary Aspinall-Miles said: "He accepts his wrongdoing. He accepts that what he did was dishonest and he regrets his actions.

"When he was struck off it seems he had been acting out of compassion. Clearly he is the master of his own downfall and fully accepts his responsibility that he did mislead the Society and he did it out of a sense of panic and concern as to what was going on. There have been no complaints from the public and no complaints that any prescriptions were wrong."

She said her client had liabilities of £85,000 and the company was no longer trading.

Announcing the decision to disqualify the company, Committee chairman Lord Fraser of Carmyllie QC said there was "an extended series of lies and deception". He told Mr Kuforiji: "We do make the direction that the body corporate shall be disqualified from holding retail pharmacies."

At the May 2001 hearing, at which Mr Kuforiji was struck off, the Society heard he had dispensed 14 times more methadone to a heroin addict than doctors had ordered and billed the NHS accordingly.

It was said that as the owner of Vidmo Chemist, 809 Harrow Road, he had a dozen heroin addicts on his books.

On May 5, 2000 Mr Kuforiji was sentenced to 180 hours' community service and ordered to pay £55 costs after pleading guilty at West London Magistrates Court to two offences of failing to follow prescription directions on February 3 and 22, 2000, contrary to the Misuse of Drugs Act.

The company has three months to appeal.

Lambeth OUTLOOK

For want of a Wanless

Beverley Parkin, RPSGB director of public affairs, considers the implications of the latest recommendations for public health

If you are an obese, sexually overactive, binge-drinking smoker, the next few months are not going to be easy.

The Department of Health has recently launched a wide-ranging consultation into the state of public health in the UK, which will focus primarily on sexual health, smoking cessation and dietary issues. All these have been very much to the fore in the media over the last few weeks, with binge-drinking in town centres the latest topic of choice. But why the sudden flurry of interest in our health and wellbeing?

For the answer, we must look to Derek Wanless, ex-chief executive of the Nat West, who, in 2002, was commissioned by the Treasury to undertake a number of cross-cutting reports into healthcare provision in the UK. You may remember the publication of his first report, *Securing our Future Health: Taking a Long-Term View*, which set out an assessment of the resources needed to provide high-quality health services in the future. It was based on first catching up, and then keeping up with other developed countries, which were perceived to have moved ahead of the UK over recent decades.

Now Wanless has published a second report called *Securing Good Health for the Whole Population*. This new analysis calls for the NHS to work in the long term to promote greater levels of self-care and general health awareness amongst the public. Wanless is uncompromising about why this is needed. "People need to be supported more actively to make better decisions about their own health and welfare because there are widespread, systematic failures that influence the decisions individuals currently make" he says.

Pharmacists will note with interest the provenance of this report. The Treasury's reach is long in this Government, by no small measure due to the Chancellor's wide-ranging remit



within the public services. As with the DTI involvement in community pharmacy through the debate around the deregulation of entry controls, so the Treasury is now working to set the health agenda. However, the plan is grander than simply influencing health policy. The Treasury has pointed out that "shifting social norms is a legitimate activity for Government where it has set for the nation objectives for behaviour change". This will be achieved by using the main levers available to Government: taxes, subsidies, service provision, regulation and information.

There should be no great surprise, therefore, that, following the publication of Wanless 2, the Department of Health announced a significant consultation of its own into public health. *Choosing Health?* seeks views on the role that individuals, the government, both central and local, the NHS, the public sector, professions, the voluntary sector and industry, the media and others can play in improving people's health. Eight key themes have been identified and the potential contribution of pharmacists can be identified across them all.

All in all, if Derek Wanless's vision of an empowered public is to be realised, pharmacists will need to play a broader role in providing crucial advice and support. Easy public access to the local community pharmacist will be a key factor in the effective delivery of this agenda.



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If you have identified management skills as an area of weakness that needs addressing as part of your continuing professional development, then the

Certificate in Pharmacy Management is for you.

The Royal Pharmaceutical Society is encouraging pharmacists to record their CPD. **This course will help you address areas of competence outlined in Society's CPD Framework**, for example:

- Awareness of issues affecting pharmacy and pharmacists
- Effective and efficient management of pharmaceutical services
- Effective interpersonal skills
- Properly observing the law as it affects the practice of community pharmacy
- Achieving effective and efficient community pharmacy services
- Operating successfully within and beyond the NHS

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Consumer Healthcare training

Comment

from the Editor

Last week's question was: If the Government is to spend money on improving security in pharmacies, where would the money be best spent? Conflict resolution training? CCTV? Panic buttons? Time-delay safes?

"We have partial CCTV cover but could do with more. That is where the money could be best spent"

Peterborough

"All of them are applicable. I couldn't prioritise them ... [but pharmacists] need to work with LPCs to gauge local requirements"

Middlesex

"I'd say panic buttons, as they have been fitted in all pharmacies here in Jersey and seem to have helped"

Stuart Coombs, Jersey

Responses to our campaign to improve the safety and security of pharmacists and pharmacies suggest more still needs to be done.

While provision of conflict resolution training (CRT) is a first step, it will not always be appropriate when a pharmacy is being held up at gunpoint or being burgled. As a clinical psychologist points out this week (*p7*), people who are either on methadone or have a mental illness are not likely to respond predictably to conflict resolution techniques. The model of escalating negotiation may work for 'rational' people, but goes awry when psychoactive drugs are involved.

There is also little scientific evidence of the effectiveness of CRT – whether in terms of conflict avoidance or economic savings – in situations that are increasingly faced by pharmacies. So rather than commit funds solely for CRT, it makes sense to look at the one-off costs of installing physical security devices such as CCTV, time-delay safes, panic

buttons or rapid response systems.

The model demonstrated in Northern Ireland suggests that this approach could be much more of a deterrent than equipping people with skills to try and rationalise with a gang of youths who take delight in intimidating the pharmacy staff or drug addicts who are lacking control.

While most pharmacies are not at immediate risk, many are and they are subject to repeated attacks – whether it's break-ins or verbal or physical abuse. Of course, there is a cost to all this. But there is also a cost in doing nothing. Pharmacy insurance premiums are one thing, but the impact on people's lives is much more pressing.

The model of escalating negotiation may work for 'rational' people

Your views

NPA chief executive John D'Arcy joins C&D's anti-violence campaign

Range of strategies to explore

Violence in pharmacies cannot be tolerated and it is gratifying to see Rosie Winterton recognising the problem.

Pharmacy staff are in a particularly vulnerable position, being accessible to allcomers whenever the pharmacy is open. Given pharmacy's dependence on NHS services it is only right that they should look to the NHS to support them in dealing with violence. Making conflict resolution available to pharmacists is a welcome step forward, but is only one of a wide range of strategies for dealing with violence.

There are many aspects of the working environment which might affect the risk of violence,



including geographical location, pharmacy design, work patterns and of course the robustness of any security arrangements. So a tailored approach is needed to tackle the problem. There is also a need to ensure that staff are properly trained to deal with violence and for pharmacy

operators to pool knowledge and experience and share information on best practice.

The compilation of a UK-wide incident database will assist us in assessing the extent of the problem, and in targeting resources to deal with violence in pharmacies.

There are also resource implications but ensuring that staff can work in a safe environment is a vital component of enhancing their contribution to the NDIS. A contract to support new roles for pharmacy is under negotiation. It is to be hoped that the opportunity to factor in the costs associated with preventative strategies will not be missed.

Reader REPLY

Security does defeat violence

Years ago, a group of socially conscious GPs decided they were prepared to supply controlled drugs to a gang of known local drug addicts that no-one else was keen to take on. Perhaps because I was an LPC member and on the Family Practitioner Committee my heart sank. Experience was already showing that the official new CD "safe", a wall-mounted steel suitcase, was delightfully convenient for determined addicts to force, or actually remove. If I remember correctly we had to pay for these compulsory cupboards ourselves, which I refused to do.

I put in a large steel floor-mounted safe, with an extra 120-decibel burglar alarm bell immediately above it, all in my very small office. The leading drug pusher duly came in asking impertinent questions, with a mock concern for drug security. It gave me enormous pleasure when he enquired, innocently, if my safe had square or rounded corners, to offer a demonstration of the alarm in action. He looked disappointed and went away.

In those halcyon days we did not face direct assault. My approach then would look pretty green now, although it was effective.

I am disappointed that the provision now being made to provide pharmacies decent time-delayed safes in Northern Ireland, which have proved totally successful are not being demanded by contractors in England as a requirement if we are to continue our supply of CDs. As for being too expensive, what are we worth? We have proof that a decent safe equals no more incidents.

I have written this immediately after reading that the Government provision of £1,000 time-controlled safes to all Northern Ireland pharmacies had put a complete end to robberies in them. Of course, you are urging for similar action to be taken in England, but at a cost of £12 million I can't see it happening - if only because perhaps the scale of violence is not so concentrated as it was in Northern Ireland.

**Ken Sims,
Poole, Dorset.**

TOPICAL REFLECTIONS

Security – expensive, but not prohibitive

I rarely disagree publicly with my editor's opinions (he is, after all, my line manager) and I fully support his campaign for improved security in community pharmacies. However, I dispute his contention that the level of investment that has achieved such spectacular results in Northern Ireland would be prohibitively expensive in England and Wales.

Expensive, yes but not prohibitive because the investment per pharmacy and per head of population in Northern Ireland cannot be dissimilar to that required this side of the Irish Sea. It is not the cost but the attitude of the Department of

Health to funding community pharmacy that is the stumbling block.

Both the health departments of Scotland and Northern Ireland understand the role community pharmacy has to play in delivering health gains to the community and are prepared to invest to achieve those benefits. The DoH in England and Wales has yet to show similar commitment and the editor is sadly correct to use the word prohibitive, not in the context of affordable cost, but in defining the depreciating attitude the DoH still takes towards community pharmacy.

Paying the price of the drug package

I have no desire to rock the boat of supply profit as this is the primary source of funds for pharmaceutical services but the reimbursement system for some generics in the *Drug Tariff* still confuses me. I have just purchased at 13p for 28 tablets, Lagap atenolol 50mg tablets from a short-line wholesaler. The *Tariff* price is 86p and the lowest price published in the AAH price list is 27p.

I assume all the participants in the supply chain are making a profit so the cost of manufacture would appear to be tending towards zero, which is nonsense. The answer probably lies in the purchase by the wholesalers of a package of generics and

their resale at varying profit margins depending on demand. No single drug price can be taken in isolation from another to determine overall profit but that is the way I buy drugs. Individually, according to demand and price, and rarely by package as what is on offer seldom fits my needs.

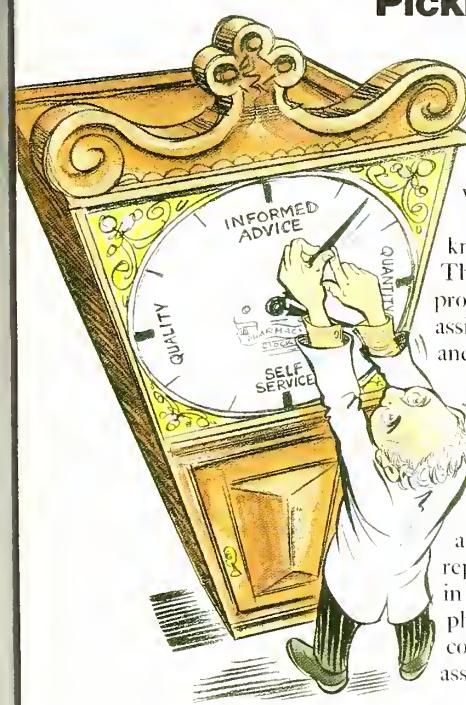
Meanwhile, the *Tariff* attempts to reflect market prices and then adjusts profit by using the blunt mechanism of a graduated deduction scale based on the gross value of prescriptions dispensed. Is it any wonder the Government is intent on simplifying the system? Whether they will equitably succeed is a very different question.

Picking a career to be enjoyed

I approve of staff training, but formal training and accreditation for shop staff is a quite recent innovation. I can remember when I was a young lad working in my father's pharmacy; I learnt from the gentleman behind the medicines counter and from another who worked in the dispensary.

Neither of these men had formal qualifications yet their knowledge of the drugs they dealt with was second to none. They had learnt their 'trade' on the shop floor from the training provided by my father and, to the customers, they were the assistants of choice to turn to for advice. But times moved on and, when they left, women replaced them. Small retail was no longer a career for men and the practice of pharmacy had also changed. Self-service was the latest fashion and quantity of dispensing rather than quality became the most important criteria.

But now events may be turning full circle. The importance of informed advice is once more seen as essential and accredited training a requirement of employment to replace the old ways of 'learning on the job'. Technician salaries in the public sector are already competing with those for pharmacists and this trend must soon be followed in community. Once again a career can be enjoyed for medicines assistants and dispensers in community pharmacy.



Giving a LIFT to pharmacy business

Nearly three quarters of pharmacists polled see LIFT as an opportunity for their business and value the good practice resulting from SOPs

Out of the 123 pharmacist respondents in C&D's Quarterly Business Trends survey, 72 per cent thought NHS LIFT was an opportunity while 27 per cent were concerned it was a threat, with 2 per cent not sure.

Mike Smith, UniChem's non-executive chairman, said: "I am really encouraged that most of the respondents knew about LIFT as UniChem has been raising the awareness of our customers to this issue for the last 12 months.

"It is also very heartening that 72 per cent see it as an opportunity – this means that pharmacists are engaging with their local LIFT in the PCT in a meaningful way and helps to allay my fears that independent customers may find themselves financially out-maneuvred."

Forty three per cent of those surveyed said their most preferred support from healthcare partners was in the form of promotion of their business in their local area. This was rated on a scale of one to four, with one the most valued and four the least valued. The second most favoured method of partner support came from in-store retail consulting and merchandising. Thirty seven per cent said their least preferred



An artist's impression of the new NHS LIFT development at Goldthorpe, near Barnsley

method of support was retail management training programmes, with 39 per cent saying they did not find a need for point of sale/POP materials.

"For many years pharmacies have been bombarded with POS – which ends up in the circular filing cabinet," said Mr Smith.

"UniChem has identified the requirement for other support and this features strongly in our Portfolio scheme, which sees offerings such as local business promotion through press and

other means, together with extensive merchandising support."

Survey respondents were asked which benefits as a result of implementing standard operating procedures they would value the most. The most valued was the fact that good practice would be achieved at all times, with 37 per cent of respondents rating this as their number one priority on a sliding scale of one to six (where one was most valued and six was least valued).

The second most valued result of implementing SOPs was assured quality of consistency of a service. Twenty eight per cent of respondents voted for this.

Twenty eight per cent of pharmacists surveyed thought the third most important result would be being able to fully utilise all members of staff. Provision of advice, guidance to locums and part-time staff was the fourth placed value of SOP implementation, with 24 per cent of the vote.

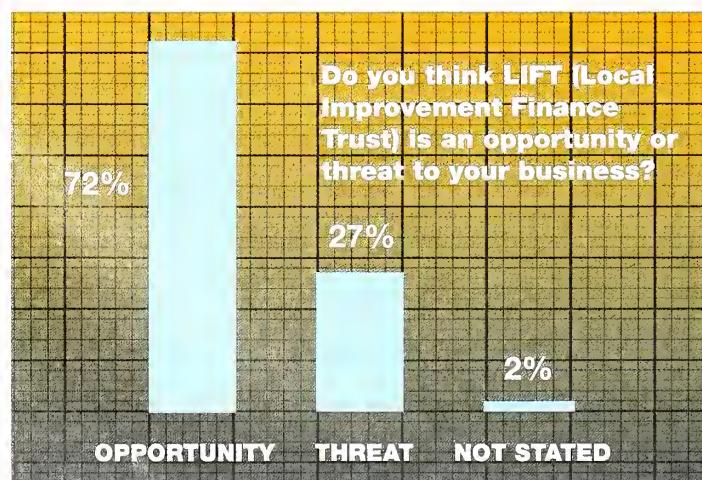
Pharmacists voted useful tools for training new members of staff as the fifth most valued outcome, with 27 per cent of the vote, and a clear 68 per cent of respondents said the least valuable part of implementing SOPs would be its contribution to the audit process.

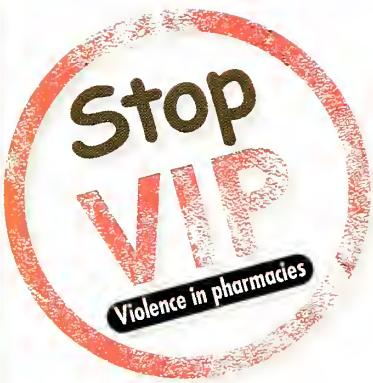
Mike Smith adds: "We are extremely proud of the SOPs which are soon to be launched by UniChem. They provide an elegant and easy-to-use method for independent pharmacists to produce bespoke SOPs, which will meet the requirements highlighted in the survey – and remember they will be a legal requirement by 2005."

Chemist & Druggist
Quarterly Business
Trends survey in
association with



UniChem
Delivering Healthcare





Pharmacy and violence

Last week we published a survey which highlighted the extent to which community pharmacy is subject to violence and intimidation. Our campaign to win funding for effective security in pharmacies continues

C&D's survey last week indicated that a fifth of community pharmacies have seen at least one violent event in the past two years (*C&D* March 20, p18-19).

Health minister Rosie Winterton promised support in conflict resolution training. But success in Northern Ireland with physical security measures, such as time delayed safes and CCTV, helps make the case for more significant funding for community pharmacies elsewhere in the UK.

Our survey was supported by UniChem. Its chairman, Mike Smith, has "a growing concern over violence in pharmacies, many of which now have all-female staff.

"Night-time break-ins have always gone with the territory of pharmacy and have tended to be less of an issue as drugs become more readily available on the streets, and alarm systems more sophisticated," he said.

The fact that 70 per cent of those surveyed had had one or more daytime hold-ups and that 3 per cent involved firearms and 15 per cent involved other weapons was unacceptable, he added.

"It is clear that in the majority of cases pharmacists received no financial help for additional security.

"I endorse what shadow health minister Andrew Lansley said to *C&D* earlier this month (*C&D* March 13, p5). [Pharmacies] need shutters and video cameras and full co-operation from the police. I would like to see our community pharmacists given the same level of security as post offices.

"I am concerned that Rosie Winterton states that security had not been raised in pharmacist contractual discussions as I believe the issue clearly needs to be addressed without delay."

Sue Sharpe, PSNC's chief executive, confirmed that PSNC had "factored this issue into our discussions with the Department of Health over the community pharmacy contract.

"The security measures already deployed by pharmacy contractors are included in our detailed work to quantify the cost base for the service provided, and hence the level of remuneration under the new contract."

PSNC is looking at "how to



Mike Smith: growing concern



Sue Sharpe welcomed DoH moves

quantify the costs" of measures that may be needed to reduce the risk of exposure to violence.

"The comparison with Northern Ireland is not easy to draw," she said. "We start from a different position, but our goal, as in Northern Ireland, is to ensure pharmacies and the people who work in them and use them are protected from violent behaviour."

However, Mrs Sharpe welcomed the DoH first steps towards tackling the problem. "We are encouraged by Rosie Winterton's pledge 'to make pharmacies a safer place to work'. That is exactly what we want to

see and we hope this shared view will be reflected in the negotiations between us.

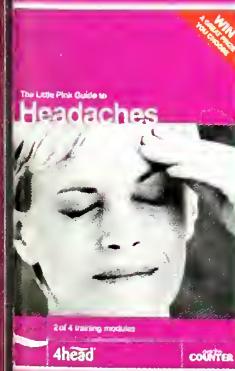
"We want to see regulations changed so that pharmacists can refuse to provide services to violent or abusive patients or customers.

"This approach is supported by a number of those with whom we have consulted and we are in discussion with the Department of Health about it."

A member of PSNC is attending the pilot course on conflict resolution to evaluate it for community pharmacies and to contribute to the development of the programme, she added.

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Dental pain management

Dental pain can be excruciating and can disrupt normal sleeping patterns, work and home life. Although a visit to the dentist is almost always advised for dental pain, sufferers will often seek out temporary relief from the pharmacy until they can get an appointment with their dentist.

It is not surprising that ibuprofen is widely used to relieve dental pain as extensive literature¹ suggests its potency in relieving pain. Ibuprofen exhibits an analgesic effect by inhibiting prostaglandin synthesis and has been reported to have an onset of analgesic action ranging between 15 to 30 minutes.

Clinical trials in adults undergoing surgical extraction of impacted teeth have demonstrated that 100mg to 200mg doses of ibuprofen relieve pain, but a dose of 400mg provides greater and longer lasting relief than the lower doses. A 400mg dose of ibuprofen is superior to paracetamol 1000mg and comparable with aspirin 650mg in providing analgesia, with duration of action of at least 4 to 6 hours. In these studies, ibuprofen was well tolerated, with a frequency of adverse events similar to that of placebo².

In addition, when ibuprofen is combined with codeine, the two drugs provide more effective dental pain relief when compared with a combination of paracetamol, codeine and caffeine³.

Authored by Julie Lucas, Practice Nurse, Liskeard, former chair RCN Practice Nurse Association and member of the **Pain Initiative**.

The **Pain Initiative** is supported by an education grant from Nurofen™

1 Jain, A K et al. Analgesic efficacy of low-dose ibuprofen in dental extraction pain. *Pharmacotherapy* 1986; 6:318-22
2 Schou, S et al. Analgesic dose-response relationship of ibuprofen 50, 100, 200 and 400mg after surgical removal of third molars: a single-dose, randomised, placebo-controlled and double-blind study of 304 patients. *J Clin Pharmacol* 1998; 38:447-54

3 McQuay, H.J. et al. A multiple dose comparison of combinations of ibuprofen and codeine and paracetamol, codeine and caffeine after third molar surgery. *Anaesth*, 1992; 47:672-677



Budget to catch votes?

Anne Hutchings looks at the tax implications of this year's Budget

The message in this year's Budget was clear: an election is around the corner. The Chancellor, in bullish mood, promised to cut bureaucracy by slashing 40,000 civil service jobs, and pump billions into front line services such as the NHS and education.

These headline catchers dominated the press coverage, with many tax measures being hidden in the small print. The Government is also choosing to announce major tax changes prior to the Budget such as in the pre-Budget report. This minimises the impact on Budget day.

My article "Damage limitation" on January 17 (p28-29) covered tax changes announced in the pre-Budget speech. In this article I will focus on some new tax measures announced on Budget day.

Tax-free dividends for very small companies axed

In the last few years many pharmacists have transferred their businesses into limited companies to take advantage of lower taxes. We were anticipating an increase in tax for small companies. The new tax has arrived, but for many pharmacists it is not too bad. The new measure will ensure that a minimum rate of corporation tax of 19 per cent is paid on all company profits where the company pays the profit out to shareholders in the form of dividends.

In practice if your company has taxable profit over £50,000 per annum there should be no increase in tax regardless of what dividends are paid. The extra tax takes effect where profits are below £50,000. The Revenue is once again vague about how the tax will work. The maximum additional tax, which can be paid under the new rules, is £1,900. In a way this is good news as many people were anticipating much higher taxes. The £1,900 is the worst-case scenario; for most pharmacists the extra tax is likely to be much less.

For example, Harry operates his pharmacy through a limited company and makes a taxable

profit of £30,000, which he decides to pay out in dividends. Under the old rules the company would have paid £4,750 corporation tax. Under the new rules the company will pay £5,700. The extra tax amounts to £950.

Overall, for most retail pharmacists there should still be significant tax savings by operating through a limited company.

Clampdown on spouses' tax savings

Husband and wife companies with jointly owned shares, ie shares held in joint names, are to be taxed in accordance with their true ownership. In the past, dividends paid out on such shares were taxed on a 50/50 basis regardless of the underlying legal ownership. This new legislation will not affect companies where a husband and wife own shares separately in their own names.

Tax avoidance clampdown

Tax avoidance schemes will in future have to be notified to the Inland Revenue by accountants and tax advisers using these schemes. There is nothing illegal in arranging your affairs in the most tax efficient way and using loopholes in the legislation to achieve this.

The Inland Revenue's Budget statement, called *Protecting Revenues*, says: "This will improve transparency and allow the Inland Revenue to make a swifter and more targeted response to deliberate abuses of the tax system." The worrying issue is that so far the Revenue has not clarified what it views as tax avoidance.

Inheritance tax threshold to rise by around 3 per cent

The actual increase is £8,000, taking the threshold to £263,000. On death an estate over £263,000 is charged 40 per cent inheritance tax. While house prices have more than doubled in many areas since 1997 when Labour came to power, the threshold for inheritance tax has only been increased by about 32 per cent.

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Increased capital allowances for small businesses

The first-year allowance for plant and machinery is to be increased for one year only from 40 per cent to 50 per cent. This is small consolation as the 100 per cent allowance for IT equipment has been removed.

Tax rates and allowances

Tax payers will see small benefits from indexed rises to tax allowances and tax bands.

Stamp duty freeze

For anyone buying a property it was good news that stamp duty was not being increased, but disappointing that the thresholds were not raised to at least help first-time buyers struggling with high property prices.

With a starting point of just £60,000 for stamp duty, the average first-time buyer in London faces a bill of £2,000 on a property costing £200,000.

Company cars and vans

The tax charged on company cars will continue to increase with inflation. However, company van drivers are to be subjected to a massive increase in tax. A pharmacist using a van for private motoring as well as for business purposes has only been paying tax on a maximum benefit of £500. From 2007 this benefit will jump to £3,000.

Extra tax for employees

Pharmacists who are employed but who also have other sources of income may have a shock when they receive their April salary. The Revenue has decided to collect tax on other sources of income such as buy to let profits, investment income, freelance work etc by adjusting employees' PAYE codes.

Large adjustments could reduce the employees' pay significantly. There has been a lot of hype in the press on this suggesting that the Revenue will be collecting tax at 50 per cent. This is not correct. Everyone will pay the same tax as they did in the past under self-assessment. It is purely a timing difference allowing the Revenue to collect tax more quickly than under the previous system. Everyone has the right to object to adjustments in their PAYE code, so if you find yourself with a large adjustment, which you had not budgeted for and it is likely to cause you hardship, write to your tax office objecting to the new code and explain your circumstances. I can't guarantee the outcome but it is worth a try.

With the tightening of various loopholes it will be more important than ever to take expert advice before implementing any tax planning. ☺

Anne Hutchings, Hutchings & Co. Specialist accountants and tax consultants for retail pharmacists Tel: 01494 722224 www.pharmacyexperts.com



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Pharmacists practising in Northern Ireland will have their registration fee paid by the Northern Ireland Centre for Pharmacy Postgraduate Education & Training (tick box on registration form when applying).

This week was National Cystic Fibrosis Week. In the first of two articles, *Dr Warren Lenney* looks at the causes and clinical features of a disease whose prognosis has greatly improved over recent years

High hopes for CF



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Cystic fibrosis was first recognised as a specific disease entity in the 1930s. A pathologist at New York Babies Hospital, Dorothy Anderson, identified cystic fibrosis (CF) of the pancreas in 1938.¹

Fanconi had noted a relationship between bronchiectasis and pancreatic cystic fibromatosis in 1936.² Farber first used the term "mucoviscidosis" in 1943 and Bodian developed the concept that CF was a disorder of all the exocrine glands in 1952.^{3,4}

It was recognised in the 1940s that the disease pattern and presentation within families suggested CF was a genetic disease showing a recessive trait. Of historic interest, it was recorded in old European cleansing ceremonies that it was usual to lick the forehead of babies and, if they tasted salty, they were "bewitched" and would soon die.

During a heat wave in New York in 1952 many patients diagnosed with CF were admitted to hospital with heat stroke, leading to studies proving the high levels of sodium and chloride in the sweat of CF patients.

This led to the development of the sweat test in 1959, which is still the gold standard diagnostic test. In the sweat of CF patients the sodium and chloride are elevated, and the ratio changes with chloride being present in higher amounts than sodium.⁵

The test involves artificially stimulating the sweat glands on one arm by iontophoresis. The sweat is then collected and sent to



Physiotherapy has helped to increase the survival rates for CF patients. Physiotherapists can visit patients at home

the biochemistry lab for analysis.

When the CF gene was discovered in the late 1980s it was felt it would be easier to pick out atypical patients and rapidly develop screening tests at birth.

Sixteen years later we now realise the complexities of genetic diseases because, to date, over 1,000 genes relating to cystic fibrosis have been identified.

Over the past 30 years our understanding of the basic pathophysiology of CF has increased tremendously and along

with that has been a huge improvement in our ability to control the disease symptoms. Today CF remains a non-curable disease but our hopes for the future and the patients' and families' expectations are higher than they have ever been.

In the UK there are about 7,000 patients with CF, half being adults and the remainder being children up to the age of 18. This low incidence, compared with the birth incidence (see below) reflects the low survival rates.

Cystic fibrosis is inherited in an autosomal recessive manner, that is, both parents are healthy and normal but pass on their one abnormal CF gene to the child who then inherits two CF genes. The CF gene is a mutation found on the long arm of chromosome 7, which encodes for a protein known as the CF transmembrane conductance regulator (CFTR). CFTR acts as a chloride channel,

Continued on page 24 ▶



which also regulates the functions of sodium channels in the epithelial cell membranes.

Within the UK, the gene frequency for the CF gene is about 1:20, giving the likelihood of delivering a baby with CF of one in every 1,800–2,000 births. The frequency varies in different ethnic races, being less common in families from the Asian sub-continent.

The most common mutation $\Delta F508$ is characterised by the absence of a single phenylalanine from the protein gene product. There are five classes of mutations so far described.

● Class I mutations have defective CFTR synthesis. This prevents transcription of CFTR into full-length messenger ribonucleic acid (mRNA). This leads to defective protein production and loss of CFTR function (see box 1).

● Class II mutations show defective processing of proteins. $\Delta F508$ is in this category; the protein fails to undergo the folding required to enable it to move to the correct position in the cell membrane. The protein becomes degraded and trapped in the endoplasmic reticulum.

● Class III mutations affect the activity at the cell surface. They cannot function normally as ion

Box 1: CFTR Class Mutations

Class	Defect	Genotype example
Class I	Unstable messenger RNA	W1282X
Class II	Trafficking block	$\Delta F508$
Class III	Inoperative channel	G551D
Class IV	Partial conduction defect	R117H
Class V	Normal protein levels reduced	3840+10kb C → T

channels. Some affect the binding sites and disrupt the binding of ATP.

● Class IV mutations interfere with the conductance of the chloride channel, causing a reduction of ion flow.

● Class V mutations cause decreased attenuated production in CFTR and attenuated conductance.

It was hoped that knowing the type of gene abnormality would help in predicting severity of the disease, progression and outcome. This does not appear to be the case and within, for instance,

those patient groups who are homozygous for the common $\Delta F508$ (that is, $\Delta F508 + \Delta F508$) most patients have severe CF disease, but there is a whole spectrum ranging from very severe to extremely mild.

CF and Mucous

The main feature in CF, resulting from the abnormal protein within the CFTR, is the production of thick, sticky mucus in all the epithelium-lined organs.

In the UK, 10–15 per cent of babies with CF present at birth with bowel obstruction – meconium ileus. The babies are unable to open their bowels, the abdomen swells and either an enema or a surgical operation is required to establish normal bowel function and prevent bowel perforation. In the first year of life, most CF patients present with recurring chest infections associated with abnormal bowel function. The stools are often bulky, greasy, foul smelling and pale in colour. Some patients present with failure to thrive and with loose motions but with no respiratory symptoms. Less common presenting signs are rectal prolapse or nasal polyps.

There are several explanations as to why CF children develop recurrent chest infections. For the mechanisms involved, see below. Loose motions and failure to thrive are the result of the pancreas's failure to produce amylase, protease and lipase enzymes necessary for the absorption of starch, proteins and fats respectively. With time, the pancreatic cells responsible for insulin production can become involved, hence the increasing development of diabetes in the teenage years and early 20s. More viscous secretions in the liver tubules lead to obstruction,

hepatic fibrosis and portal hypertension. Secretions within the seminiferous tubules invariably lead to sterility in boys, although if females remain healthy it is now commonplace for them to have children of their own.

Management of CF consists of careful follow-up of all patients using multi-disciplinary teamwork. Patients in the UK are usually seen every two months (at least) as out-patients, all efforts concentrating on preventing deterioration wherever possible.

Prognosis

The first 38 children seen at Boston Children's Hospital before 1948 all died under two years of age from chest infections.⁷ This is not surprising as it was before most antibiotics were available. There has been a steady improvement in survival since then and, whereas until the 1960s CF was regarded as a paediatric disease because few, if any, children survived into adulthood, the mean life expectancy for all UK CF patients is now in the mid 30s. Children born in the past 10 years may well live into their 50s.

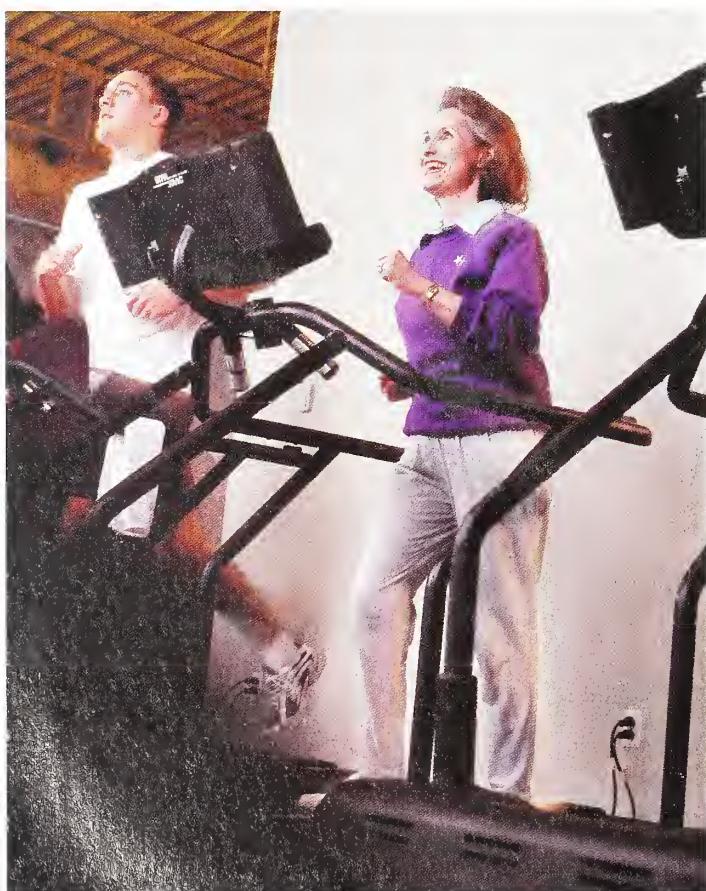
The improved prognosis has been made possible because of aggressive use of modern antibiotic regimes, better understanding and use of physiotherapy, improved enzyme replacement therapy, good nutrition, close attention to patients' progress by expert multidisciplinary CF teams, earlier diagnosis before permanent damage has occurred and the use of newer medications such as nebulised dornase alpha to break up strands of mucus.

Studies suggest improved outcomes in populations where infant screening for CF takes place at the end of the first week of life. Some areas of the UK already screen for CF using the heel prick test on day six.

National screening in the UK will become universal within the next 12 months and it is hoped this will be another small step in ultimately improving the long-term outlook for the disease.

Chest & Lungs

At birth, patients with CF apparently have normal lungs. Soon afterwards, however, many acquire chronic unrelenting bacterial infections. There are failures of the in-born defence mechanisms and recent research has examined exactly what these



Children now under 10 years with CF can expect to live into their 50s

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are. Bacteria are constantly removed from our airways by the rhythmical beating of the cilia, the tiny hair-like processes lining the bronchi and bronchioles. For this ciliary mechanism to be efficient there must be a layer of airway surface liquid (ASL), in particular a compartment of the ASL known as the periciliary layer (PCL). It appears that in CF the periciliary layer is depleted, mucus sticks to the airway surfaces and produces thickened mucus plaques and plugs. These plaques and plugs then become foci for bacterial infection.

One direction for research in CF is to try to develop medicines that can restore the depleted PCL liquid, thereby preventing the mucus from becoming sticky and adherent. There has been a recent review of these concepts and their effects on CF lung disease.⁸

Effect on the pancreas

The effect in the pancreas is similar to that in the lung. Impaired transport of chloride ions across the epithelial cells of the pancreatic duct makes the secretions become more viscous and the ducts become obstructed. Normal pancreatic tissue becomes damaged and is gradually replaced with fatty and fibrotic tissue.

Managing pain

No one person can be responsible for CF care. The dietitian needs to be regularly in touch with the family, ensuring an adequate calorie intake. High calorie supplements are sometimes indicated when appetites are not sufficient. There are close relationships between diet and lung function and those patients with poor nutrient intake can show major improvements in their lung function when their diet is improved. The dietitian is also the chief carer responsible for the regulation of the patient's vitamin intake, in particular the fat soluble vitamins (A, D & E) which are absorbed less well in CF, as well as their pancreatic enzyme supplement needs.



Nebulised treatments help to manage CF symptoms

The CF nurse specialist is often the person in the CF team who is the first port of call for the CF patient/family. The nurse keeps a close watch on chest infections, recommends the early use of antibiotics, advises the family about all aspects of CF care, manages nebulised therapies and increasingly supervises the use of intravenous antibiotic courses given at home. The nurse is

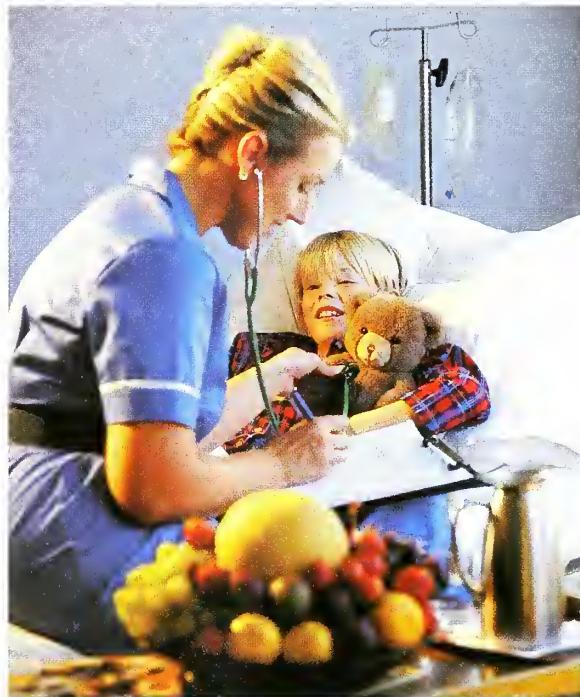
The CF nurse specialist is often the first port of call for CF patients and their family

usually responsible for the care of permanent intravenous lines such as Passports or Portacath lines, flushing them on a monthly basis to keep them patent and for recommending when a feeding gastrostomy may be needed to help maintain or improve the patient's weight and health.

The physiotherapist also visits the CF patient at home ensuring that the family has the appropriate equipment to undertake regular twice daily physiotherapy and understands the importance of physiotherapy and exercise. He or she can check the patient's lung function when necessary.

The psychologist is another key member of the CF team. Most multidisciplinary CF teams find such expert help invaluable especially when families are experiencing difficulties they find it hard to talk to most professionals about.

The social worker ensures the family receives support and financial help when necessary. It is important that all these members of the CF team are in contact and able to communicate with the appropriate members of the primary care team whenever



Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the April 3 issue, which will cover this week's CPP-accredited module, together with those in the March 6 and 13 issues. These will cover:

- **Post-myocardial infarction (1296)**
- **Hypokalaemia (1297)**
- **Cystic fibrosis part 1 (1298).**

A telephone marking service offers independent verification of results – details on the monthly MCQ papers. People wanting to register for Pharmacy Update can contact Mary Prebble on 01732 377269.

necessary. Primary care workers sometimes feel daunted in dealing with CF patients because of the above multidisciplinary working arrangements and the fact that CF families are well informed about their disease. Everyone has a part to play, however, and the role of the community pharmacist can be crucial in ensuring patients receive their complex treatment regimes with as little difficulty as possible. For that to take place there needs to be good communication with the pharmacy department in secondary care.

Next week's article will consider treatments used in cystic fibrosis. The references will appear at the end of that article.

Dr Warren Lemey is consultant respiratory physician at the Academic Department of Child Health, University Hospital of North Staffordshire and Keele University, Stoke-on-Trent.

Action plan

1. What other diseases are genetically linked? Are they all inherited in an autosomal recessive manner? Do such conditions usually lead to short life expectancy?
2. Do you have any cystic fibrosis patients? Do you know of any personally? Try to talk to them and find out how they cope with their condition.
3. Do you see the need to communicate with the CF patient's secondary care pharmacy as suggested in the article? Why?
4. Think about which are the "epithelium-lined organs". Are there any not mentioned in the article? Note them in your practice workbook and then list the effects of production of "faulty" mucus. Does this cover all the symptoms of CF?
5. If you have a CF patient, do you communicate with the other members of the team looking after that patient? Should you, and for what purpose?

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Six per cent risk drug/herbal interaction

Six per cent of patients who take dietary supplements alongside prescription medications are putting themselves at risk, researchers from the USA have claimed.

Although 45 per cent of the drug/dietary supplement cohort had the potential for an interaction, the majority (94 per cent) of the interactions were not serious. Six per cent of these were at risk of a possible severe interaction between their prescription medication and dietary supplements. However, literature on dietary supplements and their interaction with medicines was scarce, said the authors.

Dr Lauren Trilli from the University of Pittsburgh School of Pharmacy said: "This is encouraging news for the millions of patients currently taking prescription medications along with dietary supplements. However, limited information on drug-dietary interactions exists and healthcare providers should continue to inquire about dietary supplement use and consider the



A minority of patients taking dietary supplements alongside regular medication could be putting themselves at risk

potential for interactions, regardless of their severity."

Asking a question such as "Are you buying any vitamins, minerals or herbal or dietary products from your supermarket, pharmacy or health food store?" may benefit two patients in every 100, the researchers suggested.

Chondroitin, coenzyme Q, echinacea, garlic, gingko biloba, ginseng, glucosamine, saw palmetto, St John's wort and

vitamins were included in the list of supplements study participants were asked about using. Most of the possible interactions concerned ginseng, garlic, gingko biloba and their interaction with warfarin. Ginseng lowers warfarin's anticoagulant effect, whereas garlic and gingko biloba lower platelet aggregation and can increase the risk of bleeding.

For more information:

Arch Intern Med 2004; 164: 630-6

Alendronate 10-year data

A 10-year global study has found that women who take an osteoporosis treatment experience a significant increase in bone density.

Women who took Fosamax (alendronate) 10mg daily for 10 years showed a 13.7 per cent increase in bone density from their baseline scores, claimed the researchers in the *New England Journal of Medicine*.

In addition, women who took

this dose experienced the least number of fractures or height loss but the benefit diminished when treatment was stopped.

Trial lead investigator Dr David Hosking said: "Earlier studies have shown that alendronate increases BMD and halved the risk of fractures. This study confirms that long-term treatment of post-menopausal osteoporosis with alendronate is effective and well tolerated and

that those taking alendronate 10mg daily were the least likely to have fractures or lose height."

Individuals who received alendronate 5mg experienced bone density gains to a lesser degree than those on the higher dose. Some women withdrew from the Merck-funded trial because of side effects, which included upper GI adverse events.

For more information:

N Engl J Med 2004; 350: 1189-99

Baby allergy link to weaning still unresolved

Mothers who delay introducing their babies to solid food to reduce their risk of developing allergies may be following flawed advice, allergy experts have said.

The little and often contradictory evidence available between feeding solids and allergy risk is not enough to base advice on, said allergy experts in *Archives of Disease in Childhood*.

"These studies add to the current conflicting literature,

which taken as a whole does not allow an authoritative statement to be made regarding the relation between the introduction of solids and the development of allergy," the allergy specialists concluded.

In one study, pre-term infants who were introduced early to some solid foods had an increased risk of eczema, said researchers from the University of Surrey. Non-allergic parents who favour

early introduction of solids increase the risk of pre-term infants developing eczema by the age of 12 months, the researchers suggested.

However, another study found that there was no statistical difference between when children were introduced to solids and risk of developing eczema or asthma.

For more information:

Arch Dis Child 2004; 89: 295,

303-8, 309-14

Scriptlines

Gonal-f pre-filled pen

Gonal-f (follitropin alfa) is now available as a solution for injection in three pre-filled pens - 300IU (0.22mg/0.5ml), 450IU (0.33mg/0.75ml) and 900IU (0.66mg/1.5ml) manufacturer Serono has announced.

Gonal-f pre-filled pens are intended for subcutaneous administration. Each pre-filled pen comes with five needles. The product should be stored in a refrigerator (2-8°C).

For more information:

See Price List

Serono

Tel: 020 8818 7200

Humulin changes

Lilly has announced that it will discontinue four of its Humulin products due to manufacturing problems.

Humulin M2 cartridges, Lente vials, Zinc vials and M5 (50/50) vials are the products affected. Humulin M2 cartridges will be discontinued from the end of April 2004, while the other products will finish at the end of July this year.

Lilly will use its personnel to contact healthcare professionals to ensure patients are notified and referred to their GP to transfer to alternative insulin treatments.

For more information:

Lilly

Tel: 0800 783 6764 (Diabetes Careline)

Solvazinc clarification

Solvazinc has changed its name to Solvazinc Effervescent Tablets and not Solvazine as appeared in last week's issue.

For more information:

Provalis

Tel: 01244 288888



To ween or not to ween?

Mini monitor gives teenagers street credibility

Therasense is launching a mini version of its FreeStyle blood glucose meter



with a lighting system, predicted to appeal to self-conscious teenagers.

The FreeStyle Mini was unveiled at the Diabetes UK Annual Professional Conference last week.

Measuring 7.5cm in height and weighing 40g, it is claimed to be the world's smallest blood glucose monitor.

It offers virtually pain-free testing, with the added benefit of alternate site testing. Blood samples can be taken from the

arm, thigh or base of the thumb which have fewer nerve endings than the fingers.

When testing for low blood glucose, tests should always be carried out on the finger.

The monitor is designed to provide accurate results in seven seconds and features include a daily programmable alarm.

A test strip light and backlit display screen are designed to make it easy to test, even in dark areas.

The monitor comes in a small, compact carrying case.

The lancets and test strips are available on prescription.

Price: £21.15 (£18.00 excl VAT)

Pip code: 304-1134

Therasense UK Ltd

Tel: 0800 138 5467

SMA offers special feeding advice

SMA Nutrition is offering independent pharmacies free information on special feeds.

Trained representatives from Wyeth Consumer Healthcare (SMA Nutrition's sister company) are providing pharmacies with information on the benefits of special feeds and infant formulae. Wyeth will also provide merchandising recommendations on how to maximise sales of special feeds.

Pharmacists will be offered a training pack containing product and nutritional information plus merchandising plans. There will be an opportunity for pharmacists to enter a competition to win a digital phone.

For more information:

SMA Nutrition

Tel: 0777 1940205



SPECIAL FEEDS
FOR DIFFERENT
INFANT NEEDS

Ascensia cracks the code

Bayer Diagnostics is launching a single strip blood glucose monitoring system that needs no coding or calibration.

The Ascensia Contour features automatic coding to reduce the possibility of human error in self-monitoring. It will be most useful for those with type 1 and type 2 diabetes who need to monitor blood glucose frequently and accurately.

The system takes 15 seconds to provide results and requires a tiny blood sample (0.6 microlitres).

'Sip-in sampling' automatically

draws in the right amount of blood every time and safety sensors recognise if 0.6ml is not reached, guarding against false results.

The system can automatically store 240 test results, including date and time, allowing downloads to a personal computer for evaluation with a healthcare team.

It uses Ascensia Microfill blood glucose test strips.

Price: meter £19.97 (trade)

Pip code: meter 304-1142, test strips £15.55 (trade) 304-0276

Bayer Diagnostics

Tel: 01635 563000

Nothing to bloat about

Lanes is backing its Aqua Ban diuretic tablets for pre-menstrual bloating with a £250,000 advertising campaign.

The spring/summer press campaign will run in women's magazines from April to September.

The advertisements will feature a

woman struggling with the top button on her jeans to illustrate that pre-menstrual bloating is a PMS symptom that can be treated quickly and effectively.

For more information:

G R Lane Health Products Ltd

Tel: 01452 507458

HealthAid ColestroForte helps support 'good' cholesterol

Coronary heart disease (CHD) is on the increase in the UK, with high cholesterol levels being attributed to 45% of male deaths and 47% of female deaths. Total blood cholesterol levels in the UK are high by international standards and this problem is a major cause of heart disease with 7 out of 10 people over 45 years experiencing high blood cholesterol.

To help in the fight against high blood cholesterol levels, HealthAid have formulated an advanced comprehensive product, **ColestroForte** to help maintain blood cholesterol levels and to bring a better ratio of HDL's to LDL's.

ColestroForte contains Pantethine, Inositol, Hexaniacinate, Chromium, L-Taurine, Artichoke, Gugulipid, Fenugreek, Soy Isoflavones, Oat Bran and Fermented Red Rice Yeast, which have all been reported to be of benefit in



lower cholesterol levels and providing support for a healthier lifestyle.

ColestroForte is suitable for vegans and vegetarians, free from all common allergens and retails at £19.99 for 60 tablets. Please contact **HealthAid** on 020 8426 3400 or visit www.healthaid.co.uk for further information.

HealthAid

Baby bottle goes with the flow

Dr Brown's Natural Flow Feeding System for babies is now available to independent pharmacies through AAH Pharmaceuticals.

This vented and vacuum-free baby bottle is designed to combat colic symptoms and wind related feeding problems.

The gentle flow of liquid created by the vent in the bottle has been shown to be advantageous to babies who are being weaned from breast to bottle feeding.



A heat sensitive vent helps ensure the feed is heated to the correct temperature. It will change colour when the temperature of the feed rises above the recommended level of 37°C.

The bottle will be supported by a £250,000 advertising campaign in parenting magazines from April until June. Samples will be given away at health visitor conferences in Warrington, Cardiff, Glasgow, Plymouth and Nottingham over the next three months.

A new display starter pack containing six single bottles, six twin packs and six slow/medium/fast teats is available for new stockists. It includes consumer leaflets and a free flat pack self assembly display unit (trade price £88.19).

The product is available via J Dougherty in Northern Ireland.

Price: single bottle (120/250ml) £5.49, twin pack (250ml) £10.49, teats £2.35

Action Trading Ltd
Tel: 01923 857760

FosterGrant kicks off with team shades

FosterGrant is targeting football fans in the run up to Euro 2004 with a new range of sunglasses.

The England and Premiership collection features stylish, wrap-around unisex sunglasses branded with the team logo on the lens and team name on the arm.

Up until now, 11 Premiership clubs have been signed up including Arsenal, Aston Villa, Blackburn, Chelsea, Everton, Leeds, Liverpool, Manchester City,

Newcastle, Southampton and Spurs.

The range is fully authorised and licensed by the English Football Association.

The sunglasses provide complete protection from the sun's UVA and UVB rays. Available in blue or black, they come with a free protective 'team supporter' case.

Price: £19.99

AAI FosterGrant Ltd
Tel: 01782 577055

Brulidine rescues the accident-prone

Manx Healthcare has teamed up with the British Red Cross to produce a first aid guide designed to raise the profile of Brulidine antiseptic and antibacterial cream.

First Aid in the Home includes step-by-step instructions on how to treat injuries caused by



accidents in the home. The leaflet provides information on what to do in those first vital moments.

"Every year over two million children are taken to hospital but most household accidents can be treated swiftly, effectively and safely at home," says Joe

Mulligan from the British Red Cross.

In a £250,000 public relations campaign, Brulidine First Aid Kits worth over £30 each will be offered free to readers of leading daily newspapers and national magazines during the spring and summer.

Supplies of the leaflets are available for independent pharmacies.

For more information:
Manx Healthcare Ltd
Tel: 01926 461628

More power to Braun range

Braun is launching two new electric shavers into its high-mid price range in April.

TriControl and Flex XP II both feature Braun's triple shave cutting system which is designed to shave progressively closer, capturing both longer and shorter hairs.

TriControl uses a fixed head design for maximum control while Flex XP II incorporates a pivoting head that automatically adjusts to the facial contours.

These models are completely washable, have low battery indicators and come with a protective hard case.

These shavers replace Flex XP.
Price: TriControl £44.99, £54.99, £64.99, Flex XP II £74.99, £84.99

Braun UK Ltd
Tel: 020 8560 1234

Added protection, Always

Procter & Gamble is improving its Always Ultra pads to provide women with better protection.

From April, Always Ultra pads will feature a more absorbent lock-away core in addition to a soft top sheet. The new core and protection barriers will be indicated in blue to provide visible reassurance of the pad's protection.

The pads are available in five sizes – long, long plus, nighttime, normal and normal plus. New packaging is being introduced for the range.

The relaunch will be supported with a £3 million marketing campaign including TV and press advertising plus sampling activity.

Price: from £1.41
Procter & Gamble UK
Tel: 0191 297 5000

RECOMMEND THE NO.1 NON-STEROIDAL NASAL SPRAY FOR HAYFEVER

aller-eze®

Aller-eze nasal spray and eye drops azelastine hydrochloride **P**
For further info contact Novartis Consumer Health, Horsham, RH12 5AB

It's impossible to sneeze with your eyes open... which means when you're driving, you're travelling blind for up to 300 feet

Hayfever customers will appreciate the speedy effects of Aller-eze nasal spray if they want to keep their eyes on the road

NEW FOR TENSION HEADACHE

32 CAPLETS

PROPAIN PLUS

Tension headache relief

PROPAIN® PLUS - PROFITS you and your customers

You get a product which offers an advantageous profit on return as well as a £1m TV, radio and press campaign to fire up demand.

Your customers get a treatment for tension headache they'll want to come back for - time and time again.

Paracetamol 450mg an effective analgesic to stop the pain. Also acts as an antipyretic (lowers a raised body temperature).

Codeine Phosphate 10mg acts quickly on the brain to reduce pain signals.

Caffeine 30mg a co-analgesic and mild stimulant to speed up the action of the paracetamol.

Doxylamine Succinate 5mg an antihistamine with a sedative effect to help relax muscular tension.

Film coated tablets that are easy to take.



To order product or point of sale for your store, please phone the Sankyo Customer Helpline on:

080 068 7616

PROPAIN® Plus Caplets. ABBREVIATED PRODUCT INFORMATION Please refer to Summary of Product Characteristics for full product information **Presentation:** White compressed capsule shaped tablets with P450 embossed on reverse, each containing paracetamol BP 450 mg, doxylamine succinate USP 5mg, caffeine anhydrous BP 30mg, codeine phosphate BP 10mg. **Indications:** Treatment of tension headache, headache, toothache, sore throat, backache, migraine, neuralgia, dysmenorrhoea, muscular and rheumatic aches and pains. Propain® Plus is also indicated for post-operative analgesia following surgical or dental procedures and for the relief of pain and reduction of fever associated with influenza and colds. **Dosage:** Adults and children over 12 years of age 1 or 2 caplets every four to six hours up to a maximum of 8 caplets in 24 hours. The suggested dosage may also be administered to the elderly (in the absence of other contra-indications). Not suitable for use by children under 12 years of age. Not intended for use over long periods without consulting a doctor. **Contra-indications:** Propain® Plus is contra-indicated in patients with known hypersensitivity to any of the ingredients. Not recommended in pregnancy and lactation. Not to be taken with other paracetamol-containing products. **Special warnings and precautions:** Propain® Plus should only be taken with caution by asthmatics. Propain® Plus may cause drowsiness and affected individuals should not drive or operate machinery. This may be aggravated by simultaneous intake of alcohol. As with all medicines containing paracetamol, codeine or antihistamines, caution should be exercised in patients with compromised liver or renal function. Caution is advised in patients with hypertension, hypothyroidism, adrenocortical insufficiency, prostatic hypertrophy, shock, obstructive bowel disorders, recent gastrointestinal surgery, gallstones, a history of cardiac arrhythmia or convulsions. The recommended dose should not be exceeded. **Side Effects:** Adverse effects of paracetamol are rare but hypersensitivity including skin rash may occur. Adverse effects of antihistamines vary but the most common is sedation. Caffeine may cause nausea, headache and insomnia. Codeine may cause constipation, nausea, vomiting, dizziness, drowsiness and respiratory depression in sensitive patients. Skin rashes have been seen rarely in hypersensitive patients. Market Authorisation number Propain® Plus tablets (PL 4416/0363). **Market Authorisation holder:** Lagan Pharmaceuticals Ltd, Woolmer Way, Bordon, Hants GU35 9QE. **Legal category:** P. **Trade price:** 16 caplets £1.94 (R P P £3.41), 32 caplets £2.96 (R P P £5.20). Further information from Medical Information, Sankyo Pharma UK Limited, Repton Place, Amersham, Bucks HP7 9LP. **Date of preparation:** API August 2003. **PFO4011**



SANKYO

Eye opener from Brolene

Aventis Pharma is supporting its launch of Brolene Cool Eyes with a £500,000 advertising campaign this spring/summer.

The product will appear on GMTV from May 2 and in the women's press from May until August with money-off coupons in selected magazines.

The campaign will also include dispensary panel advertising in independent pharmacies running for a month from March 29.

Pack dispensers, point of sale material and consumer leaflets are available for pharmacies.

For more information:

Chemist Brokers
Tel: 023 9222 2500



Poise at 40

A Kimberly-Clark education campaign is targeting women over 40 with bladder weakness.

It will combine product sampling and leafleting in 300 gyms, health clubs and leisure centres nationwide with a direct mail campaign. Women will be offered samples from the Poise Active and Light liner ranges.

For more information:

Kimberly-Clark Ltd
Tel: 01732 594000

Tissue promotion is not to be sneezed at

Kimberly-Clark will introduce an on-pack promotion for Kleenex Balsam and Ultrasoft tissues during the hay fever season.

Free two-for-one vouchers for activities and weekend breaks will be given away during May and June.

The vouchers can be redeemed against a range of activities

including health and beauty treats and thrill-seeking adventures.

Consumers will need to send off three ovals from promotional boxes to claim their free booklet containing three two-for-one vouchers.

For more information:

Kimberly-Clark Ltd
Tel: 01732 594000

Absolutely Fabulous

Coty is adding a new mascara into the Miss Sporty range in April. Miss Sporty Fabulous Lash Mascara is a lash building mascara available in black, brown and a waterproof variant.

Price: £2.99

Pack size: 8ml

Coty (UK) Ltd

Tel: 020 8971 1300

At your fingertips

A nail drying spray has been added to the Pretty Quik range of nail products. The spray is formulated to condition cuticles and add gloss to the nails.

Price: £2.59

Pack size: 75ml

Pip code: 304-3023

David Hart (Santo) Ltd

Tel: 020 8787 7098

Feme Pad update

Sea-Band is launching Feme Pad into pharmacies (C&D, Feb 28, p33) at a recommended price of £14.99.

The post-birth pain relief gel pads were initially launched in Mothercare and on the National Childbirth Trust website for £12.99 but this is expected to be increased to the new price.

For more information:

Sea-Band Ltd
Tel: 01455 639750

Melinda Messenger to endorse Vosene campaign

Wella has announced a sponsorship deal with Melinda Messenger as the new celebrity face for the Vosene brand.

The company believes that the busy working mum of three will appeal to the brand's core 25-44 year-old female purchaser. She will front a

press campaign in women's and fitness magazines as part of a £1 million marketing campaign.

The sponsorship deal will run from April until the autumn.

For more information:

Wella Great Britain
Tel: 01256 320202

Gillette revs up for a Champion shave

Gillette has introduced a new MACH3 razor to encourage interest and trial among younger men.

MACH3 Turbo Champion razor is fiery red and utilises MACH3 Turbo technology. Gillette says the sleek design of the razor was inspired by the world's finest racing cars.

The launch is being supported

by a marketing campaign including TV and print advertising. It uses imagery of a red racing car to encourage men to 'rev up their shave' with the new razor.

Price: £6.19

Pip code: 302-0393

Gillette UK Ltd

Tel: 020 8560 1234

TV next week

Bonjela: C4, five, Sat

Califig: C4, Sat

Huggies: All areas

Lucozade Sport: All areas except U, CTV, C4, five, GMTV

Panadol: All areas except U, CTV, GMTV

Pepcidtwo: All areas

Ribena: All areas except U, C4, GMTV

Sanatogen Gold: All areas

Senokot: Y, C4, five, GMTV, Sat

Simple Oil Control: five

PharmaSite for next week: Quiet Life – window, Fluconazole – in-store, Brolene cool eyes – dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

GSL – Devil Incarnate or Golden Egg?

Take a walk round any modern supermarket and at some point you will go down an aisle containing a large and impressive display of GSL medicines. Walk into an average pharmacy and it's a different matter altogether. GSL medicines are often tucked away or kept behind the counter, out of sight and certainly out of browsing range of the customer.

Devil incarnate

The fact is that most pharmacists don't look too favourably on GSL products, primarily because they feel they could be taking profit away from Pharmacy lines. Manoj Bharania, a pharmacist in Harrow, comments: "Pharmacists see GSL products as taking away the mystery surrounding their role. To empower a customer to make more choices about their own health takes control away from the pharmacist, which they are reluctant to do."

Many pharmacists would also argue

that they simply don't have the shelf space to stock any more products. Each product must be seen to be making an impact on their bottom line and most believe this doesn't leave room for a big GSL range.

Customers are leaving the pharmacy and turning to the supermarket to fulfil their health requirements and it is time that pharmacists wise up to this fact. Pharmacists must react to market forces if they are to compete with the supermarkets and this means taking a modern professional approach to GSL medicines. There are considerable

benefits to be made from offering a wider selection on open display, not least a potential increase in profits.

Golden egg

Both the PAGB and the NPA have done research into the effects of putting GSL medicines on open display in pharmacy. "The results showed a noticeable increase in sales and therefore greater profit for the pharmacist," comments Sheila Kelly, executive director of the PAGB. "The research also showed that people were not aware of the full range of medicines that independent pharmacies offered, believing instead that multiples stock more".

It is not just profits that are affected either. The joint research also showed that open GSL displays "stimulated customers to speak to the pharmacist and increased the interaction". This presents pharmacists with the chance to build a stronger relationship with their customers and the opportunity to 'up-sell' to larger pack sizes or premium products which will further impact on their sales margin.

Changing consumer habits

The needs and purchasing habits of the customer are also changing and pharmacists must adapt to this. David Mitchell, Commercial Director for Johnson & Johnson MSD, believes: "The health industry is becoming more and more focused on 'consumer empowerment'. People want to manage their own health. When they walk into the pharmacy they want to pick up products, read the labels and make their own decisions on 'common conditions' suitable for self-treatment, such as headaches, indigestion or colds and flu – and they are less inclined to approach the counter and ask the pharmacist for advice".

He continues: "Consumers in general also make a lot of spontaneous



Promotion

Imodium Plus Caplets Now GSL

Johnson & Johnson MSD Consumer Pharmaceuticals has launched Imodium™ Plus Caplets in a smaller, convenient 6 caplet size. This GSL product is now available at an RRP of £3.75.

Recent research conducted by Johnson & Johnson MSD¹ revealed that consumers are moving towards the self-treatment of diarrhoea. Increasingly it is being recognised as a 'common condition' suitable for self-treatment, similar to headaches or colds and flu. Anti-diarrhoeals are also primarily seen as an embarrassing or distress purchase, and people are often uneasy about discussing this issue, even with their pharmacist. This new pack size of 6 Imodium™ Plus Caplets can be placed in the open general sales area making it a more convenient and discrete purchase for the pharmacy customer.

The Imodium™ Plus range contains a unique combination of loperamide and simethicone. Loperamide works to stop diarrhoea by helping restore the digestive system back to its normal rhythm², and simethicone, an anti-flatulent, helps relieve the associated diarrhoea symptoms of cramps, wind and bloating experienced by 84 per cent of sufferers.



Reference:

¹ IPSOS Consumer Research study UK, July 2003

² D Wingate et al, *Alimentary Pharmacology & Therapeutics* 2001, 15(6) 773-782

3 Allemérid, H, Amouretti, M, Colombel, JF et al, *A French survey on epidemiology and*

management of acute diarrhoea, United Gastroenterology Week, Paris, 1996

Imodium™ plus caplets

Product Name: IMODIUM PLUS CAPLET **Presentation:** Capsule-shaped tablet containing loperamide hydrochloride 2mg and simethicone equivalent to 125mg polydimethylsiloxane. **Indications:** Symptomatic treatment of acute diarrhoea associated with gas-related abdominal discomfort including bloating, cramping or flatulence. **Dosage and Administration:** Adults over 18 years: Take 2 caplets initially, followed by 1 caplet after every loose stool. Adolescents aged 12-18 years: Take 1 caplet initially followed by 1 caplet after each loose stool. Not more than 4 caplets should be taken in 24 hours, limited to no more than 2 days. **Contraindications:** Not to be used in children under 12 years of age. Hypersensitivity to any component of the product. Not to be used in acute dysentery, acute ulcerative colitis, pseudomembranous colitis associated with antibiotics, conditions when inhibition of peristalsis is undesirable and must be discontinued promptly if constipation, subileus and/or abdominal distension should develop. **Precautions:** In patients with severe diarrhoea, attention should be paid to appropriate fluid and electrolyte replacement. If symptoms persist for more than 48 hours, stop treatment and consult a doctor. Use under medical supervision in patients with severe hepatic dysfunction. Drugs prolonging the intestinal transit time can induce the development of toxic megacolon. **Side Effects:** Nausea, taste disturbance, headache, chills, constipation, dry mouth, cough, abdominal distension. Rarely hypersensitivity reactions and urinary retention. Extremely rare reports of anaphylactic shock. Rarely, paralytic ileus although, usually in patients in whom the prescribing information has not been fully respected. **Legal category:** GSL **PL Number:** PL 13249/0037 **PL Holder:** Johnson & Johnson MSD Consumer Pharmaceuticals, Enterprise House, Station Road, Loudwater, High Wycombe, Bucks, HP10 9UF. **Package Quantities:** Price: 6 caplets, £3.75 **Date of Preparation:** September 2003.

and impulse purchases and the pharmacy is an ideal environment in which to make these. A large portion of a customer's time within a pharmacy is spent waiting for a prescription. This provides the ideal situation in which to make this style of purchase, providing the right products are available and accessible."

Open GSL displays are better suited to what are perceived to be 'embarrassing purchases'. Often a customer is uneasy about discussing these types of issues, even with their pharmacist. Anti-diarrhoeals are a prime example. Although diarrhoea is a common condition, many customers are too embarrassed to ask the pharmacist for an anti-diarrhoeal. Often the customer will know the treatment they need and a convenient open display will enable them to purchase it discreetly, and quickly.

Focus on health

Space on the shop floor should not be a barrier to stocking GSL products either. Manoj Bharania

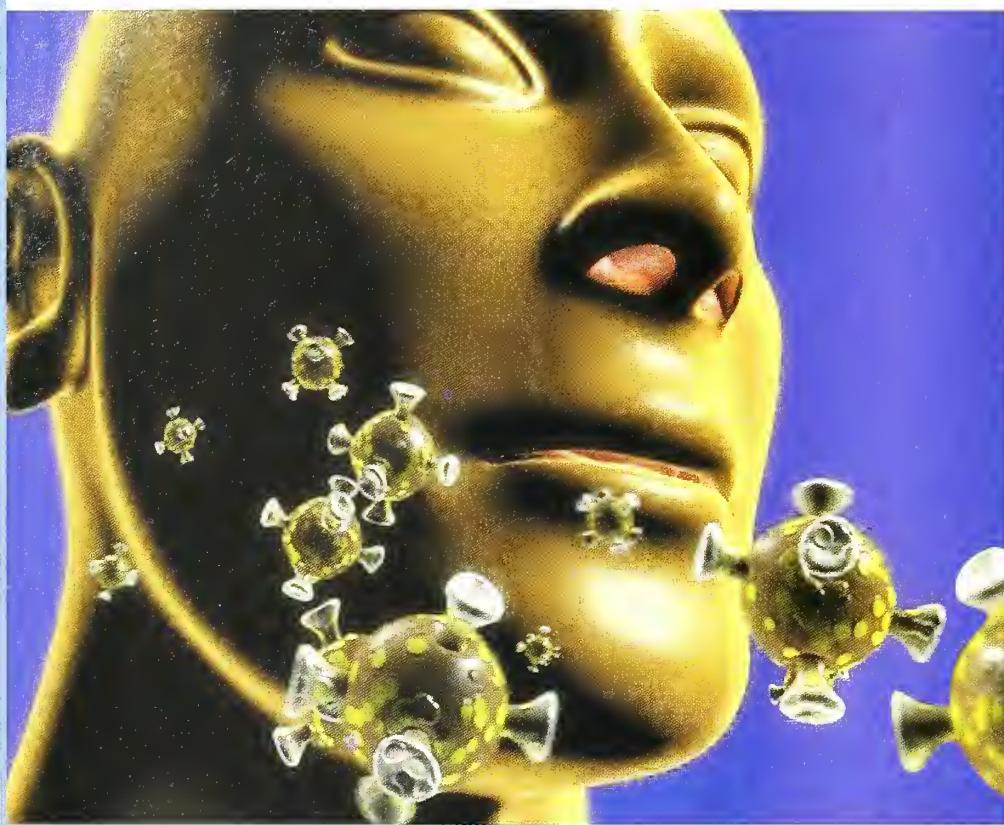
says: "When I realised I needed to stock more GSL products I sat down and really analysed which lines were selling and which were under-performing. The results were very surprising and didn't fit at all with my own assumptions. However, they enabled me to better organise the sales floor and eventually provided me with enough space for a substantial GSL display."

Ultimately pharmacists should be maintaining their focus on health. There has been a shift away from this in recent years to other products, such as beauty or fragrance products, and customers are turning to supermarkets to buy their medicines rather than the pharmacy. By rationalising the products on their shelves, pharmacists can better organise their stock and ultimately maximise their profits. Yet the focus must be kept on health and GSL medicines.

Sheila Kelly concludes: "Medicines are what pharmacy is all about, so they should be on open display."

Don't scratch or sniff

Allergies are continually making the headlines and they're not going away. Fiona Salvage looks at this important sector of the OTC market



Alongside this year's other medical scare stories, one broadsheet screamed on its front page: "Allergy epidemic by 2015."

There is no doubt that the number of people suffering with allergies – seasonal and non-seasonal – is increasing. The Royal College of Physicians puts the increase at almost threefold over the past 20 years. The RCP estimates that 10 per cent of a GP's prescribing budget is spent on treating allergic conditions. This puts considerable financial strain on the NHS. In response, the NHS is now encouraging the public to self-medicate and to buy over the counter products whenever possible – a move that can only benefit the community pharmacist.

New thinking

The clinical aspect of how we approach and think about hay fever and allergic rhinitis is changing. An international group of scientific experts on allergic rhinitis have gathered together current thinking and developed a document geared towards pharmacists on how to approach this somewhat overlooked subject.

Allergic Rhinitis and its Impact on Asthma (ARIA) is a World Health Organization endorsed report which aims to banish the titles 'perennial' and 'seasonal' rhinitis, but instead concentrate on whether a sufferer has 'persistent' or 'intermittent' rhinitis, and

whether their symptoms are 'mild' or 'moderate to severe'. Intermittent is defined as a bout of rhinitis that lasts for fewer than four days per week or for fewer than four weeks, whereas persistent rhinitis is that which lasts for more than four days a week and for more than four weeks.

Then there is an assessment of the sufferer's symptoms – namely blocked nose, runny nose, itchy nose, sneezing and conjunctivitis – irrespective of how often they experience them. Mild rhinitis symptoms are those that aren't troublesome, don't affect sleep or impair daily activities, sport or leisure, work or school.

Top tips

Alpha medical information and drug safety manager Andrew Acott suggests advising sufferers to:

- Watch the daily pollen count
- Keep windows and doors shut when the pollen is high
- Avoid rubbing eyes as this will make it worse and can cause infection, eg conjunctivitis
- Avoid polluted and smoky areas as these can aggravate symptoms.

For more information:
www.allergyuk.org
www.accessiblemedicine.co.uk

Sufferers with moderate to severe rhinitis experience one or more of the following: affected sleep; troublesome symptoms, or impairment of daily activities including work, school and leisure. This differentiation also impacts on what products you should be recommending to which patient, so it's a vital part of the new thinking. It's probably best summed up in a diagram (see right).

ARIA thinks it is important to consider allergic rhinitis in two stages – early and late – as this affects what treatments to recommend. Early stage symptoms, "the runny stage: runny nose, runny eyes", and late stage symptoms, such as congestion and sneezing, require completely different treatments, says Noel Wicks. Noel is the pharmacist at Stirling University's campus pharmacy and he is also involved in creating a training package for pharmacy assistants based on the ARIA guidelines.

The early stage symptoms are best controlled by antihistamines, says Professor David Price, respiratory chair at Aberdeen University.

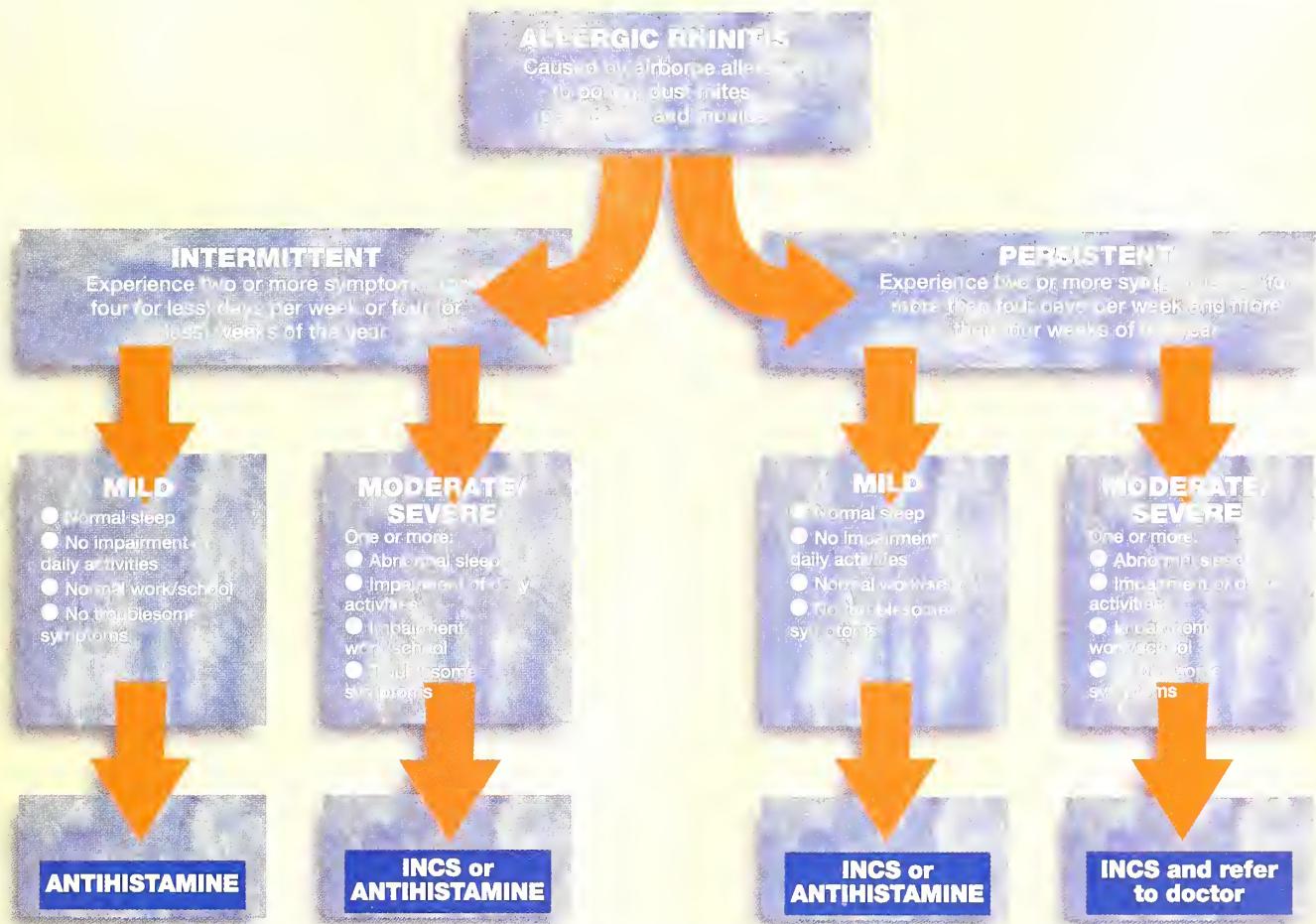
Antihistamines are convenient, suitable for children and the second-generation drugs are non-drowsy, he advises. However, they have no effect on nasal congestion or other late-stage symptoms and therefore aren't ideal for those who suffer with these symptoms, he added.

For these people an intranasal corticosteroid spray is more suitable as it can relieve both early and late symptoms, only requires low doses and can be used as a preventative before the user comes into contact with allergens, Professor Price says.

Nevertheless, intranasal corticosteroid sprays aren't yet established in normal pharmacy practice, partly because some customers don't want to use a nasal spray, he suggests.

Almost 94 per cent of 248 community pharmacists who answered an *Intr@PharmQ* questionnaire (see panel p38) on allergies said that they thought there had been a slight or significant increase in the number of people presenting with allergies in the last year. This offers a valuable opportunity, but this brings more day-to-day responsibility and increases the pressure on pharmacists to diagnose correctly. "The public have the right to receive up to date advice from pharmacists," Mr Wicks says. The ARIA guidelines have

Use of intranasal corticosteroids (INCS) and antihistamines in the pharmacy for allergic rhinitis



Source: ARIA in the pharmacy (www.whiar.com)

*Blocked nose, runny nose, itchy nose, sneezing and conjunctivitis

been developed to aid pharmacists in turning clinical thought into practical recommendations and keep pharmacists up to date with diagnosis and treatment options.

Allergic rhinitis and asthma

ARIA's pocket guide for pharmacists, available on its website, has a section on treating allergic rhinitis and how it relates to asthma.

There is strong evidence to suggest that many allergic rhinitis sufferers are also asthmatic, and vice versa, but many will be unaware of their co-existing condition. Professor Price says that up to 80 per cent of asthmatics will have allergic rhinitis too, but only 10 per cent will treat it. Indeed, those with the worst allergic rhinitis have the worst controlled asthma.

A group comprising international experts in allergy and asthma was launched in Brussels last month. The Global Allergy and Asthma European Network (GALEN) was established to encourage scientists working in

"outstanding allergy research centres" to integrate their research programmes.

GALEN will receive €15 million (ca £10m) over five years from the European Union.

For those whose asthma is exacerbated by an allergy, not to pollen but to dust, help may be at hand in the form of a computer program. Designed by scientists at three UK universities, the computer model can assess a domestic environment and suggest ways of modifying it to reduce the numbers of dust mites in furniture and carpets.

However, the project is only in the planning stages – a prototype model has been developed, which uses the humidity and temperature of rooms to calculate dust mite activity.

A flourishing market

In the meantime, sufferers will have to rely on medications for symptom control and the market appears

to be ever-growing. Information Resources' data from last year's seasonal peak says that consumer sales of hay fever products grew by 19 per cent. The total OTC allergies market is valued at £75 million, which makes it the UK's eighth largest OTC therapeutic area. Most sales of allergy products are seasonal, with 75 per cent of sales occurring between April and July. In contrast, prescription sales are only 28 per cent seasonal.

The category remains dominated by tablet products, with a 69.8 per cent market share, followed by nasal sprays at 15.9 per cent, eye drops at 8.5 per cent, with syrups holding the smallest market share of 6.2 per cent.

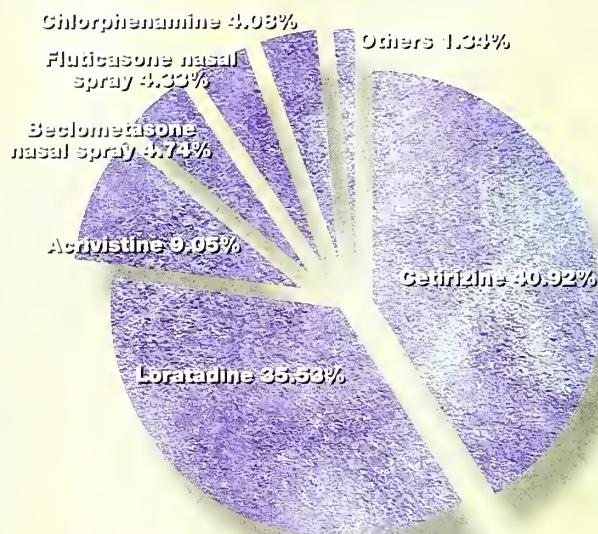
Continued on page 38 ▶

Pharmacist recommendations for allergy treatments generically aggregated

Perennial



Seasonal



Source: IMS/IntraPharmQ

Brand news

The recent switch of some POM allergy products to Pharmacy status has offered pharmacists an opportunity to expand their sales in this important sector.

Last year's POM to P switch for Flixonase Allergy Nasal Spray (fluticasone propionate) created over £2m in sales for manufacturer GlaxoSmithKline, said customer marketing manager for healthcare Greg Bertolotti. "We are very pleased with its performance; it has been a phenomenal success," he enthuses. "We have had tremendous support from pharmacists." In addition, the switch generated new customers, says Mr Bertolotti,

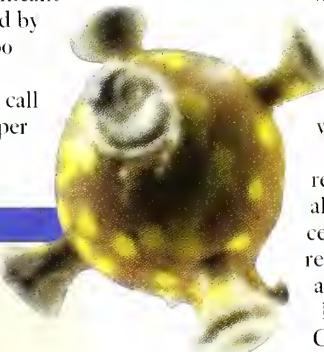
although a proportion of the sales came from customers who converted to the OTC product from the POM.

Timing, it seems, is everything. One of the reasons for Flixonase Allergy Nasal Spray's success last year was the switch of Beconase Hayfever Relief (beclomethasone dipropionate) to GSL, confirms Mr Bertolotti. This meant that Beconase sales weren't cannibalised by Flixonase: "It didn't affect Beconase too much."

Pharmacies are still the main port of call for most hay fever sufferers, with 80.1 per cent of the sales, according to Information Resources. In addition,

nearly 60 per cent of those entering the pharmacy for allergy products will ask the advice of the pharmacist, something the manufacturers are looking to support this season.

This summer, UCB Pharma is supporting its leading allergy product Zirtek (cetirizine) with a £1 million media campaign including posters and point of sale materials available for display within pharmacies.



Cetirizine is the most recommended anti-allergy product (24 per cent) that pharmacists recommend for perennial allergy, according to IntraPharmQ's survey. Closely following behind is Clarityn (loratadine) with 15 per cent of the

recommendations and generic loratadine at 13 per cent. Then come Zirtek (10.5 per cent) and Piriton (cetirizine).

GSK is launching educational support for pharmacists this season, with pharmacy assistant training continuing and new point of sale material available. Some sufferers are concerned about using steroids to treat their asthma, while others do not want to use medication for extended periods of time. Last year Novartis launched Aller-eze (azelastine hydrochloride), the first non-steroid nasal spray.

A totally non-drug hay fever help is Breath Right Nasal Strips. According to a survey of 1,200 people conducted by the company, some sufferers of nasal congestion caused by hay fever are worried about long-term use of drugs to manage their condition. The company is supporting the brand with press advertising and a sampling programme throughout the hay fever season.

What you told us about allergies

Allergy presentations

	Responses	%
Yes - Significant	117	47.18
Yes - Slight	115	46.37
No change	14	5.65
Decrease	2	0.81

Allergy Season

Becoming More Year-Round	132	53.23
Starting Earlier	108	43.55
Finishing Later	8	3.23

Comfortable advising on perennial allergies?

No	12	4.84
Yes	236	95.16

Comfortable advising on food allergies?

No	79	31.85
Yes	169	68.15

Comfortable advising on allergies in babies and infants?

No	96	38.71
Yes	152	61.29

Source: IMS/IntraPharmQ. Panel size: 248 community pharmacists. Study period: 16/2/04-8/3/04

Let's get clinical

Levocetirizine has superior efficacy over desloratadine, suggests evidence from a head to head study sponsored by UCB Pharma published this month.

A double-blind study of the two newest antihistamines provides evidence that levocetirizine (Xyzal) works faster and offers more control of symptoms such as runny and itchy nose, sneezing and watery eyes for 24 hours than desloratadine (Neoclarityn). In addition, levocetirizine is better at relieving nasal congestion, the researchers claim.

According to the paper, levocetirizine works in an hour compared to desloratadine, which, the authors say, brings symptom relief in three hours.

Lead investigator Dr James Day said:

"Allergic rhinitis is a problematic condition that can seriously affect an individual's quality of life

when symptoms are uncontrolled. This study shows us that levocetirizine is a very effective therapy that acts quickly to control symptoms. Moreover it also demonstrates that this drug may be superior to other antihistamines in controlling nasal congestion, one of the most persistent and uncomfortable symptoms of allergic rhinitis."

Throw the book at it

For those who want to delve deeper into the subject of asthma and allergies, the Consumer Association published the *Which? Guide to Asthma and Allergies* last month. It covers the biochemistry of the allergy reaction, diagnoses and treatments for asthma and allergy, and the different types of allergy (ie hay fever, eczema, food allergies, drug-induced and complementary medicine allergies).

Written by former pharmacologist Mark Greener, the book offers easy to read additional information (although at least one drug error was spotted) on a subject pharmacists will come across on a regular basis. ☺

Product news



Piritone Allergy Syrup

Next month, GlaxoSmithKline will launch Piritone Allergy Syrup (cetirizine hydrochloride) – a once-daily treatment alternative to Piriton Syrup.

The sugar-free, banana flavoured syrup can be given to adults and children aged five and over for treating hay fever, pet or dust mite allergies and skin allergies. The 70ml bottle contains enough for one week's treatment.

GSK will be supporting the product as part of its £3 million spend on the Piriton and Piritone brands this year. Price: £4.99 (GSL), pack size: 70ml, PIP-code: 301-7993, GlaxoSmithKline, tel: 0800 100 9997

Clarityn Allergy Syrup goes large

Clarityn Allergy Syrup (loratadine 5mg/5ml) is now available in a larger 100ml bottle for £4.99.

The once-daily, peach flavour formulation remains the same and the non-drowsy syrup is suitable for children two years old and over and adults.

Clarityn Allergy Syrup is suitable for



treating allergic symptoms caused by hayfever and other airborne allergies, as well as skin conditions such as rash, itching and urticaria. Price: £4.99 (P), pack size: 100ml, PIP-code: 048-0095, Schering-Plough, tel: 01707 363636

Relestat eye drops

Allergan has launched prescription-only eye drops for treatment of seasonal allergic conjunctivitis.

Relestat (epinastine hydrochloride 0.5mg per ml) is a clear colourless solution. One drop should be applied to each affected eye twice daily for the symptomatic period. The dropper tip should not be allowed to come into contact with any surface, to prevent contamination.

Other ophthalmic products should not be used within 10 minutes of using Relestat.

Patients may experience a



mild burning sensation when applying Relestat. Other uncommon side effects include eye discharge, eye dryness and irritation.

Patients who experience blurred vision after administering Relestat should wait until their vision has cleared before driving or using machinery.

Price: £14.50, pack size: 5ml, PIP-code: 301-1558, Allergan, tel: 01494 444722 <http://cmc.medicines.org.uk>

Zirtek adds 21 to the family

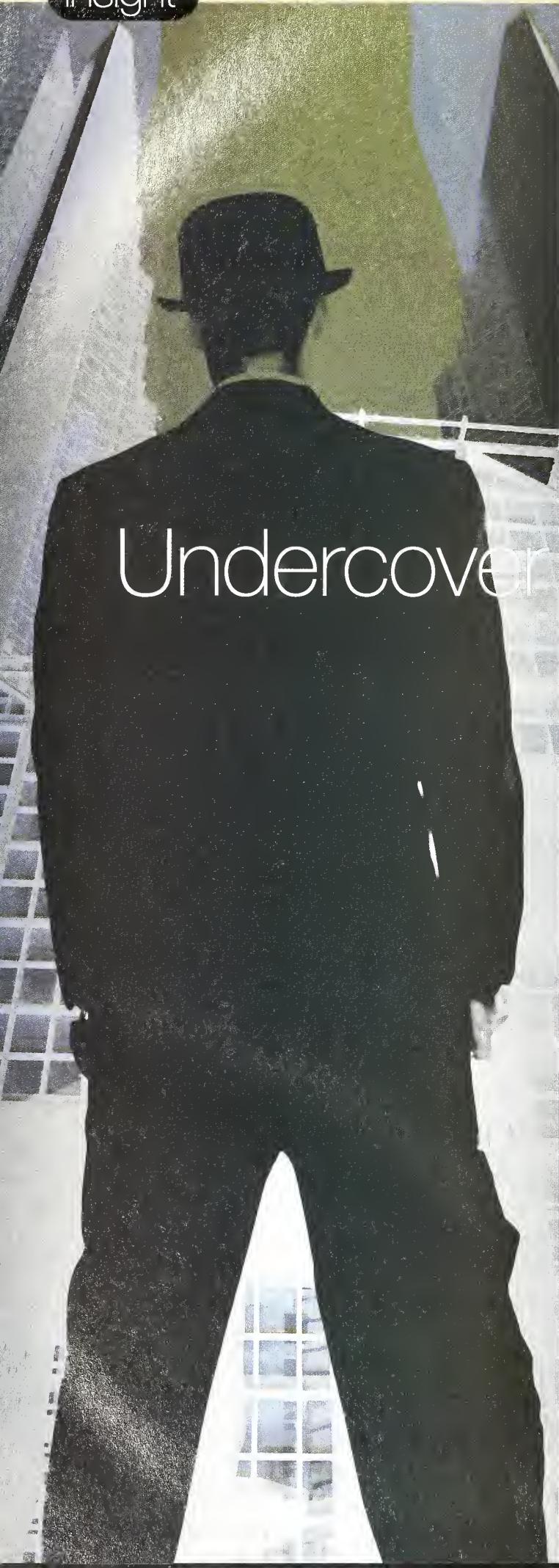


UCB Pharma has added a 21-tablet pack to its pharmacy-only Zirtek Allergy (cetirizine hydrochloride 10mg) range.

UCB says the new pack offers customers "excellent value in managing their allergy symptoms". The one-a-day tablet is suitable for adults, and children aged six and over.

The Zirtek brand will be promoted through a consumer advertising and promotion campaign, with television adverts running during the peak hay fever season from May to July. In addition, high visibility point of sale material, in the same livery as the adverts, is available for pharmacies.

Price: £8.95, pack size: 21 tablets, PIP-code: 301-9528, UCB Pharma, tel: 01923 211811.



Undercover

operation

British pharmacists have not been alone when facing criticism through mystery shopper surveys, as reports from Berlin

For months German pharmacists have been loudly denouncing the trade in medicines via the internet in a fight against the upcoming liberalisation of the market. As in Britain, they have been predicting the internet will give no advice, there will be insufficient information about the medicine and it could pose possible risks, all to the disadvantage of patients.

The fight against this disagreeable competitor is not over yet but has entered a new battle after the German 'Stiftung Warentest' (Foundation for Product Testing, which has a similar role to the Consumers' Association in the UK) revealed some unpleasant facts about the until now much-lauded service provided by pharmacists.

In almost 90 per cent of tests in Berlin, Munich and Cologne, pharmacists failed to meet their own high demands and supported the anecdotal accusations of patients, competitors and the press that the pharmacy service isn't as good as it claims to be.

Last November the German magazine *Stern* dared to criticise pharmacists, calling them "pill peddlers" in a long article that caused an outcry. Its headline, "Lots of money for little service," could not miss its target. Pharmacists saw their profession and ethics denigrated. The fact is that almost every pharmacist had had an average yearly turnover of €1.5 million in 2002. After rent, medicine purchases and salary for six part-time shop assistants the average pharmacy owner is still left with €103,500 – lots of money, said *Stern*.

Although the article expressed what many customers and patients think about pharmacists' services – that it is simply a case of opening the drawer, taking a box of tablets out, closing the drawer, and scanning at the cash desk, job done – *Stern* was criticised for not basing its assertions on enough evidence. Impertinence, said pharmacists.

At the same time the Foundation for Product Testing was conducting its own research and sent 'mystery shoppers' into pharmacies to ask for a medicine or just for advice. Out of 50 consultations regarding a simple cold, 21 were judged to be inappropriate. One third of pharmacists recommended multi drug preparations which were regarded as unsuitable or unnecessary.

More serious was another test where a very slim woman was asking for laxative pills. Even when the customer mentioned her experiences with several laxatives and purgatives there was no proper investigation. Often pharmacists did not even ask how long the woman had been using these medicines. Pharmacists showed substantial weakness in advisory services and selling, announced the Foundation for Product Testing in its first statement. The press calls it a "blatant violation" against self-confessed advisory standards.

The Federal Union of German Associations of Pharmacists said it

would take the accusations seriously, although the tests could not be seen as representative. But it could not ignore the Foundation of Product Testing, as its reputation is undisputed.

The magazine *Stern* and its critical article faced strong criticism instead, although it had also tested pharmacies in Berlin, Hamburg, Leipzig, Cologne, Munich and Stuttgart and reported poor service and minimal care. Its "customer" showed a prescription for an antidepressant and then asked for an OTC tonic which contained alcohol as well. Even upon questioning the compatibility, pharmacists did not warn or advise against taking both products at the same time.

Of course, the problem is not new. In 1989 the magazine *Oko-Test* checked 222 pharmacies and revealed a need for action to improve services. Of these, 74 pharmacies were judged as unsatisfactory or providing inadequate service, 68 were considered fair, 35 were good and only 11 were considered very good. This report made the headlines but as the press has now pointed out, did not seem to have any consequences. Two years ago another test showed even worse results. There was not a single 'very good', only four pharmacies were considered 'good' and 50 pharmacies were judged 'unsatisfactory'.

There seems to be no end in sight for the negative headlines. As price comparison is a German obsession, it was just a question of time before products like plasters, tissues or even condoms were checked in drug stores, supermarkets and pharmacies. The result was disappointing, at least for pharmacists' prestige as their prices were found to be up to 200 per cent higher than competitors'.

When a law office in Bonn made a claim to the public prosecutor's office of a "suspicion of extortionate pricing of medicines", the public looked at the pharmacists again. Prices for some ethical drugs have risen up to 10 times, argued one of the lawyers. For one branded diazepam, patients were having to pay €9.86 instead of €0.80 last year. But although the law office only mentioned the government and its health reform as well as the pharmaceutical industry as possible causes of this high pricing, pharmacists became indignant and called the action a good PR story or claptrap, both of which provoked new suspicion.

The entry of the new competition, the internet trade with websites like *Doc Harris*, *Pharma2u* or *Pharma24*, delivered little consolation to the pharmacists. Feared for years but legally allowed since the beginning of this year, the internet trade has disappointed German customers and patients right from the start.

Out of 50 consultations regarding a simple cold, 31 were judged to be inappropriate.

High costs for delivery, advice in Spanish or English, delivery of the wrong medicine and differences between prices on the internet and on the bill have caused uncertainty and have made the public question the usefulness of online pharmacies.

Another unsettling news item arrived from Britain. A London-based internet mail order firm supplied a counterfeit brand of medicine, claiming to be Viagra. The Federal Union of German Associations of Pharmacists saw their fears confirmed, issued a press statement warning of the potential dangers of such unauthorised products, and pointed out that this wouldn't happen with all the safety regulations in place for pharmacies.

Furthermore, a new survey revealed that even customers and patients aged 24 to 39 trust their local pharmacies, while only 6 per cent believe in the future of internet trade with medicines.

But at the same time the survey makes clear what expectations patients have when they decide in favour of traditional pharmacies. High pharmaceutical knowledge and professional advice are a must. On top of this patients expect friendliness and help.

Although it seems nothing has changed in all these years of disappointing tests and surveys regarding pharmacy services, customers and patients are prepared to believe there will be an improvement; if nothing else helps, competition will. ☺

Jörn Ringe is based in Berlin



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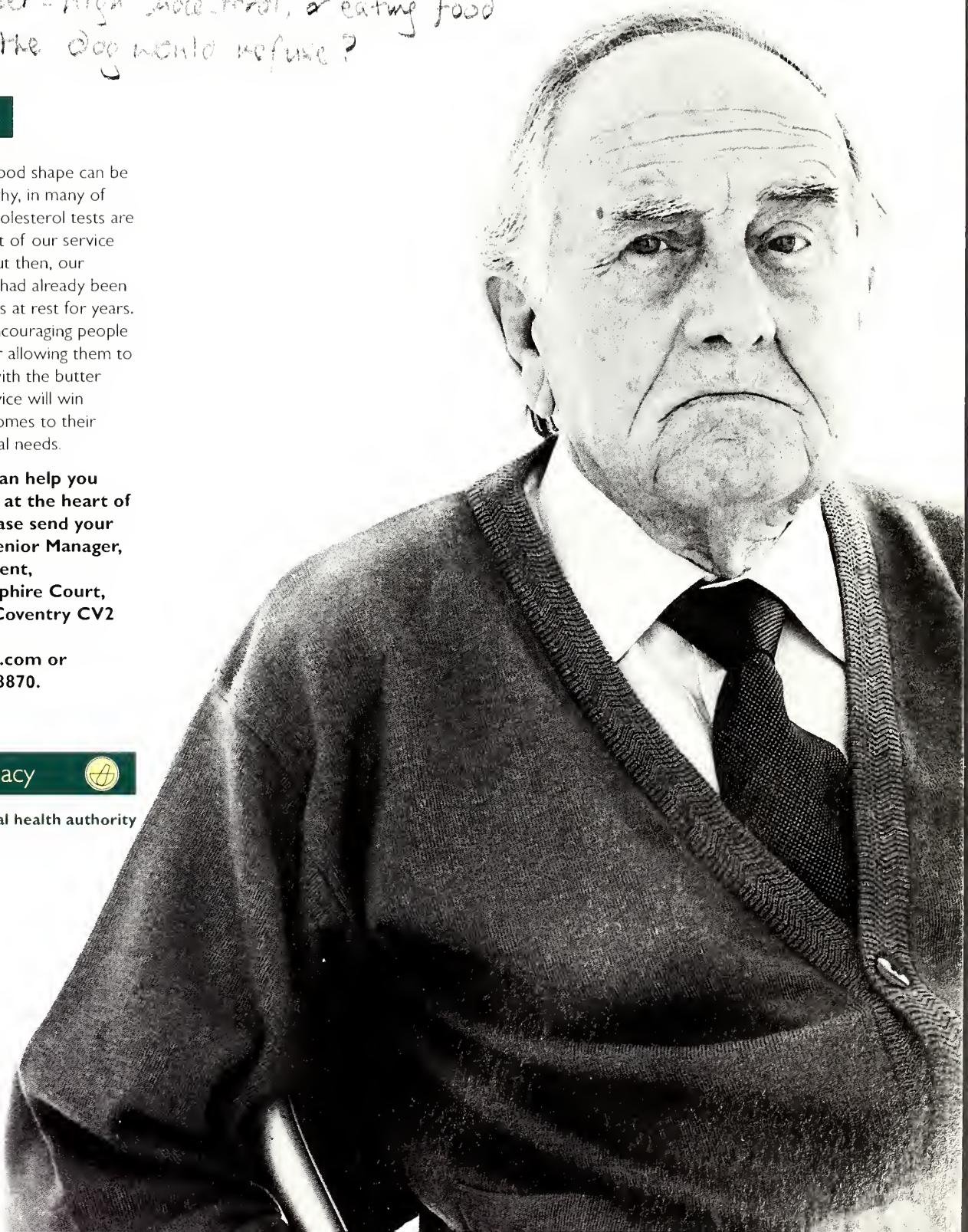
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FREE LEGAL ADVICE



Chemist & Druggist's web site – www.dotpharmacy.co.uk – has introduced a service that offers pharmacists free legal advice from a leading solicitors' firm.

The service – dotLaw – is being run with the co-operation of Charles Russell, whose specialist legal fields include pharmacy matters.

Pharmacists are advised to e-mail their questions to – pharmlaw@cmpinformation.com – along with their full name and the name of their pharmacy. The latter two details are for C&D's records only – pharmacists' identities will be kept anonymous when the answers are published.

All the questions and Charles Russell's replies, which will be available in two working days, will appear on a new dotPharmacy page called dotLaw.

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Moss Pharmacy has announced the appointment of **Jonathan Buisson** as N&S strategy manager. Mr Buisson has joined from the *Pharmaceutical Journal* where he was business reporter and news editor for almost nine years.

Arthur J Higgins has been named Bayer Healthcare's executive committee chairman. This appointment will be effective from June 30 following the retirement of Rolf Classon. Mr Higgins is currently chairman and CEO of US biopharmaceutical company Enzon, and has previously held positions with Abbott, Fisons, Sandoz and Bristol-Myers.

Phoenix wholesaler has promoted **Lynne Downs** to the position of pharmacy business



Arthur J Higgins



Lynne Downs



Staff at four pharmaceutical companies received recognition for their hard work at the 2004 National Sales Awards. Claire Tucker of Richmond Pharmacology (pictured above left with Huw Chapman, general manager of category sponsor Pall Life Sciences) won in the pharmaceutical and healthcare sales professional of the year category and Gary Lewis of A1 Pharmaceuticals (pictured above right with wife Carmen, co-founder of A1) won the global sales professional award. All four team members of Leo Pharma's Team Lancashire were present to collect their product sales team of the year award (pictured below from left to right: Katie Petre-Mears, Claire Goodwin, Jo Chappell, Tim Royds of category sponsor the Sales Training Association, and Ray Baker) and Andrew Mine of GlaxoSmithKline Nutritional Healthcare was named account manager of the year. Over 1,000 people attended the ceremony at London's Grosvenor House Hotel last month



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Dispensing happiness?

A recent survey has shown that, when it comes to job satisfaction, only 4 per cent of pharmacists consider themselves to be "very happy" in their work.

This statistic ranks them near the bottom of a "happiness index" alongside accountants, estate agents and those working in the media.

However, closer inspection of the City & Guilds figures shows that everything is not as bad as it seems.

Sixty per cent of pharmacists surveyed feel they are fulfilling an ambition, 70 per cent find their work rewarding and 76 per cent feel appreciated.

Care assistants topped the happiness league, with 40 per cent of them saying they are "very happy" in their job. Hairdressers and plumbers were second and third.

Overall, pharmacists were ranked 18th from the list of 20 jobs.

NPA chief or chef?

During a visit to St Albans, *C&D* spotted a restaurant just around the corner from the NPA called "Darcys". Was the esteemed NPA chief executive so worried about the future of the profession that he had decided to turn his hand to something else? No, sadly our research shows John D'Arcy has no link with the restaurant. It is run by Kate Newling-Ward, whose maiden name of Darcy provides all the answers.



Charity ball

BPSA honorary life member Joyce Kearney has arranged a "Glitter Ball" at the Bradford Hilton on June 5 for the Cerebral Palsy Children's Charity. This year, her annual charity event will include a champagne reception, dinner and a performance by the band Mirage.

Contact Mrs Kearney for more information and tickets on tel: 01422 825152.

Loyalty awards for Sants staff

Two employees of the pharmaceutical wholesaler Sants were each presented with £150 worth of vouchers recently after clocking up 30 years of service. In addition to the vouchers, customer service supervisor Julie Bebbington (pictured below on the left) and buyer Paul Booth (right) received flowers, champagne and chocolates from healthcare group profit and wholesale operations manager Lindsey Fairbrother (centre).





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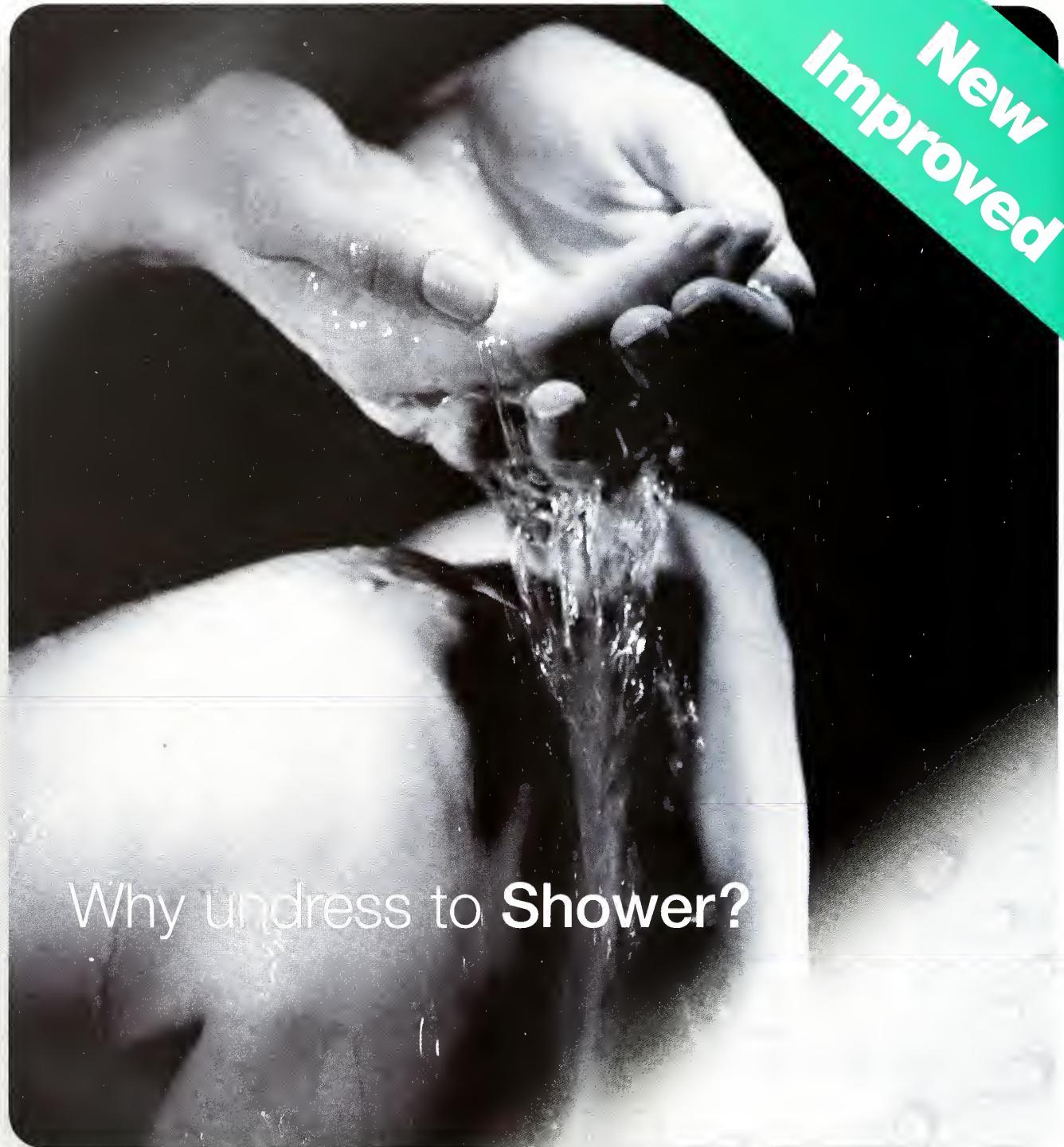
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